ANNUAL PERFORMANCE MONITORING REPORT

OCTOBER 01, 2017 - SEPTEMBER 30, 2018

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The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project helps improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this six-year, $209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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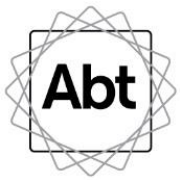

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HEALTH FINANCE AND GOVERNANCE PROJECT ANNUAL PERFORMANCE MONITORING REPORT

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ACRONYMS

AFD	*Agence Française de Développement* (French Development Agency)
AFHC	Adolescent-Friendly Health Clinics
AfHEA	African Health Economics Association
AFR	Annual Financial Reports
AFR/SD	Africa Bureau Office of Sustainable Development
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
AMP	*Agence de Médecine Préventive* (Agency for Preventive Medicine)
ANAM	*Agence National d'Assurance Maladie* (National Agency for Health Insurance)
ANCRE	Advancing Newborn, Child and Reproductive Health
ANHSS	Asia Network for Capacity Building in Health Systems Strengthening
AO	Agreement Officer
AoA	Articles of Association
AOR	Agreement Officer Representative
APATS	AIDS Prevention and Treatment Software
APPF	Asia Public Policy Forum
APTS	Auditable Pharmacy Transaction and Services
ARC	Advocating Reproductive Health Choices
ARC	African Health Profession Regulatory Collaborative
ARCH	*Assurance pour le renforcement du Capital Humain* Insurance for Strengthening Human Capital
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASCP	Agents de Santé Communautaire Polyvalent
ASH	African Strategies for Health
ASHA	Accredited Social Health Activist
ASSIST	Applying Science to Strengthen and Improve Systems
ASTMH	American Society of Tropical Medicine and Hygiene
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
BAS	Basic Accounting System
BHCHS	Bauchi State Contributory Health Scheme
BHCPF	Basic Health Care Provision Fund
BHRF	Bangladesh Health Reporters Forum
BHSP	Basic Health Services Package
BMGF	Bill and Melinda Gates Foundation
BNHA	Bangladesh National Health Account
BoFED	Bureau of Finance and Economic Development
BPJS	National Health Insurance Agency (Indonesia)
BPR	Business Process Reengineering
BSC	Balanced Score Card

BSC	Business Support Center, LLC
BSD	*Bureau de stratégie et de développement* Bureau of Strategy and Development)
CAN	Centre Ambulancier National
CAPEC	*Cellule d'Analyse de Politiques Economiques du CIRES* (Unit for Economic Policy Analysis)
CAR	Capability, Accountability, and Responsiveness
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CASH	Clean and Safe Hospitals
CASN	Canadian Association of Schools of Nursing
CBHI	Community-based Health Insurance
CCM	Country Coordination Mechanism
CCSS	*Comité de coordination du secteur santé* (Health Sector Coordination Committee)
CCT-SS	Technical Coordination Committee for the Health Sector
CDC	Centers for Disease Control and Prevention
CDC-CRED	Competencies Development Centers for Children's Growth and Development Control
CDD	Center for Democratic Development
CFC	Child-Friendly Court
CCM	Country Coordination Mechanism
CGAP	Consultative Group to Assist the Poor
CGAT	Country GeneXpert Advisory Team
CGD	Center for Global Development
CHAG	Christian Health Association of Ghana
CHAI	Clinton Health Access Initiative
CHF	Community Health Fund
CHP	Country Health Partnership
CHPM	Center for Health Policy and Management
CHPS	Community-based Health Planning and Services Initiative
CHR	*Centres Hospitaliers Regionaux*
CHU	*Centres Hospitaliers Universitaires*
CHW	Community Health Worker
CIDRZ	Centre for Infectious Disease Research in Zambia
CIFAS	*Centre d'Information et de Formation en Administration de la Santé* Center for Health Administration Information and Training
CIH	Commission on Investing in Health
CII	Center for Accelerating Innovation and Impact
CMAM	*Central de Medicamentos e Artigos Médicos* (Central Medical Store, Mozambique)
CMP	*Comité Multisectoriel de Pilotage* (Multisectoral Steering Committee)
CMRAP	Public Administration Reform Implementation Unit
CNCMUT	Cadre National de Concertation de la Mutualité (National Mutuelles Cooperation Network)
CNP-SS	*Comité National de Pilotage, Secteur de la Santé* National Steering Committee for the Health Sector

CNSS	*Consejo Nacional de Seguridad* Social (National Council for Social Security)
COHSOD	Committee on Health and Social Development
CONAVISIDA	*Consejo Nacional para el VIH y el SIDA* National Council for HIV and AIDS
CONSAMUS	*Le Conseil National des Structures d'Appui aux Mutuelles de Santé*
COP	Chief of Party
COP	Community of Practice
COP	Country Operational Plan
CPC	Claims Processing Center
CPD	Continuing Professional Development
CPH	Center of Public Health
CPHL	Central Public Health Laboratory
CPP	Provincial Steering Committee
CPR	Contraceptive Prevalence Rate
CPS	*Cellule de la Planification et des Statistiques* (Planning and Statistics Unit)
CPU	Central Procurement Unit
CPWA	Child Protection and Welfare Act
CRF	Consolidated Revenue Fund
CRS	Cross River State
CRSHIS	Cross River State Health Insurance Scheme
CSI-FBP	Interdepartmental Scientific Committee for the Implementation of the National Performance-Based Financing Strategy
CSO	Civil Society Organization
CSREF	Health Reference Center
CWFD	Concerned Women for Family Development
DAB	*Direction de l'Administration et du Budget* (Department of Administration and Budget)
DAF	*Direction des Affaires Financieres* (Directorate of Financial Affairs)
DAI	Development Alternatives, Inc.
DALY	Disability-Adjusted Life Year
DBE	Department of Basic Education
DCA	Development Credit Authority
DCE	Discrete Choice Experiment
DEC	Development Experience Clearinghouse
DEP	Directorate of Economy and Planning
DEP	*Direction des Etudes et Planification (*Studies and Planning Directorate)
DFID	Department for International Development
DFPSS	*Direction de la Formation et de Perfectionnement en Sciences de la Santé*
DFS	Digital Financial Services
DG	*Directeur Generale* (Director General)
DGFP	Directorate General of Family Planning
DGHS	Directorate General Health Services
DGRH	*Dirección General de Recursos Humanos* **(**General Directorate of Human Resources)

DGS	*Directeur Générale de la Santé*
DHI	Department of Health Insurance
DHO	District Health Office
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DIGECITSS	*Dirección General de Control de las Infecciones de Transmisión Sexual y SIDA* Directorate for the Control of Sexually Transmitted Disease and AIDS
DIGEMAPS	*Dirección General de Medicamentos, Alimentos y Productos Sanitarios* General Directorate of Drugs, Food, and Sanitary Products
DIIS	*Direction de l'Informatique et de Information Sanitaire* (Department of Data Processing and Health Information)
DJSN	*Dewan Jaminan Sosial Nasional* (National Social Security Council)
DOGSS	*Direction de l'Organisation et de Gestion des Services des Soins de Santé* **(**Directorate of the Organization and Management of Health Services)
DOH	Department of Health
DOSS	*Direction d'Organization des Services de Santé* (Directorate of the Organization of Health Services)
DPEV	*Direction de Programme d'Élargissement Vaccination*, Vaccination Expansion Program Directorate
DPF	Department of Planning and Finance
DPHI	Department of Planning and Health Information
DPM/MT	*Direction de la Pharmacie et du Médicament et de la Médecine Traditionnelle* (Directorate of Pharmacy, Medication, and Traditional Medicine)
DPS	*Division Provinciale de la Santé* (Provincial Health Division)
DPPEIS	*Direction de la Prospective, de la Planification et des Stratégies* (Department of Planning and Statistics)
DQA	Data Quality Assessment
DR-TB	Drug-Resistant Tuberculosis
DRC	Democratic Republic of Congo
DRG	Center of Excellence on Democracy, Rights and Governance
DRG	Diagnosis-Related Group
DRH	*Direction des Ressources Humaines* (Department of Human Resources)
DRM	Domestic Resource Mobilization
DSC	*Direction de la Santé Communautaire* (Department of Community Health)
DSCMP	*Direction de la Santé Communautaire et de la Médecine de Proximité*
DSD	Department of Social Development
DSGRH	*Direction des Ressources Humaines* (Directorate of General Services and Human Resources)
DSI	*Direction de Soins Infirmiers,* Nursing Care Directorate
DSIM	*Direction des Soins Infirmiers et Maternels*
DSNE	North-East Geographical Department
DSO	*Department de Santé de l'Ouest*
DSW	Department of Social Welfare
DTG	Dolutegravir
E&E	Eastern Europe and Eurasia

E2Pi	Evidence to Policy Initiative
EADS	Economic Analysis and Data Services
EAHF	East Africa Health Federation
ECEA	Extended Cost-Effectiveness Analysis
eCMS	Electronic Case Management System
EFY	Ethiopian Fiscal Year
EGPAF	Elisabeth Glaser Pediatric AIDS Foundation
EHAC	Ethiopian Hospital Alliance for Quality
EHIA	Ethiopian Health Insurance Agency
EHRIG	Ethiopian Hospital Reform Implementation Guideline
EHSP	Essential Health Services Package
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother-to-Child Transmission
ENAP	Every Newborn Action Plan
EOI	Expression of Interest
EOP	End of Project
EPCMD	Ending Preventable Child and Maternal Deaths
EPHS	Essential Package of Health Services
EPM	Entry Point Mapping
EQUIST	EQUitable Impact Sensitive Tool
ERHIS-1	Evaluation of Human Resources of Public Health Institutions
ERHIS-2	Evaluation of Human Resources of Private Health Institutions
ERP	Expert Review Panel
ESP	Essential Services Package
EVD	Ebola Viral Disease
F&A	Finance and Administration
FAO	Food and Agriculture Organization
FAQ	Frequently Asked Questions
FARA	Fixed Amount Reimbursement Agreement
FCT	Federal Capital Territory
FENAMUS	*Federation National des Mutuelles de Santé* National Federation of Health Mutuelles
FINCAP	Financing Capacity Building and Technical Support Project
FMOF	Federal Ministry of Finance
FMOH	Federal Ministry of Health
FP2020	Family Planning 2020
FP/RH	Family Planning/Reproductive Health
FSU	Former Soviet Union
G-DRG	Ghana Diagnosis-Related Group
GAR	Results-Focused Management
GCBS	Government Capacity Building Support
GDP	Gross Domestic Product
GEPE	*Gabinete de Estudios, Planeamiento e Estatística* Department of Research, Planning and Statistics
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility
GHB	Global Health Bureau
GHI	Global Health Initiative
GHS	Ghana Health Service

GHSA	Global Health Security Agenda
GHSC/PSM	Global Health Supply Chain/Procurement and Supply Management Project
GIS	Geographic Information System
GLL	Ghana Learning Lab
GOCI	Government of Côte d'Ivoire
GODR	Government of the Dominican Republic
GoDRC	Government of DRC
GOP	Government of Peru
GP	General Practitioner
GRN	Government of the Republic of Namibia
GTT	*Groupe Technique de Travail* (Technical Working Group)
GVN	Government of Vietnam
HA	Health Accounts
HAAT	Health Accounts Analysis Tool
HAPT	Health Accounts Production Tool
HBP	Health Benefit Plans
HC	Health Center
HCD	Human-centered Design
HCF	Health Care Financing
HCFRTF	Health Care Financing Resource Task Force
HCFS	Health Care Financing Strategy
HCH	House Committee on Health
HCM-II	Healthy Communities and Municipalities II
HCMC	Ho Chi Minh City
HCT	HIV Counseling and Testing
HEU	Health Economics Unit
HF	Health Facility
HFA	Health Financing Assessment
HFG	Health Finance and Governance
HFS	Health Financing Strategy
HFS-IP	Health Financing Strategy Implementation Plan
HFTWG	Health Financing Technical Working Group
HGRK	General Reference Hospital of Kinshasa
HHA	Harmonizing Health in Africa
HIDN	Office of Health, Infectious Diseases, and Nutrition
HIS	Health Information Systems
HIV	Human Immunodeficiency Syndrome
HIWG	Health Insurance Working Group
HMIS	Health Management Information Systems
HNP	Health, Nutrition and Population
HNPSIP	Health, Nutrition and Population Strategic Investment Plan
HP	Health Policy Reform
HP+	Health Policy Plus
HPMI	Hospital Performance Monitoring and Improvement
HPNSDP	Health, Population, and Nutrition Sector Development Program
HPP	Health Policy Project
HPRS	Health Patient Registration System
HRAA	Human Resources Alliance for Africa

HRDC	Health Research Development Committee
HRH	Human Resources for Health
HRHMC	Human Resources Management Committee
HRHTWG	Human Resources for Health Technical Working Group
HRIS	Human Resources Information System
HRU	Human Resources Unit
HSA	Health Services Assessment
HSAA	Health Systems Assessment Approach
HSB	Health Systems Benchmarking
HSCM	*Sacré Coeur Hospital of Milot*
HSDA	Health Services Delivery and Administration
HSDP	Health Sector Development Program
HSFR	Health Sector Finance Reform
HSG	Health Systems Global
HSHRC	Haryana State Health Resource Center
HSPI	Health Strategy and Policy Institute
HSR	Health System Research
HSS	Health Systems Strengthening
HSSP	Health Sector Strategic Plan
HTC	HIV testing and counseling
HUEH	*Hôpital d l'Universite d'Etat d'Haiti*
HUM	*Hôpital Universitaire de Mirebalais*
IAS	International AIDS Society
IASP	Indian Association for the Study of Population
ICAP	International Center for AIDS Care and Treatment
ICB	Institutional Capacity Building
icddr, b	International Centre for Diarrhoeal Disease Research, Bangladesh ICT Information and Communication Technology
ICT	Information and Communication Technology
ICT4D	Information and Communications Technologies for Development
IDCP	*Instituto Dermatológico y Cirugía de Piel* (Institute for Dermatology and Skin Surgery)
IDI	Infectious Disease Institute
IDU	Injecting Drug Users
IG	Inspector General
IGS	*Inspection Générale de la Santé* General Inspectorate for Health
IGSLS	Inspector General for Health and the Fight Against AIDS
iHEA	International Health Economics Association
IHI	Institute for Healthcare Improvement
IHME	Institute of Health Metrics and Evaluation
IHP	Institute for Health Policy
IHPP	International Health Policy Program
IHR	International Health Regulations
IMCI	Integrated Management of Childhood Illness
INAM	*Institut National d'Assurance Maladie* (Social Health Insurance Agency)
INE	National Institute of Statistics
INFAS	*Institute National de Formation des Agents de Santé* (National Institute of Health Worker Training)

INFS	*Institut National de Formation Sociale* I(National Institute of Social Worker Training)
IP	Implementing Partner
IPCI	*Institut Pasteur de Côte d'Ivoire*
IPPF	International Planned Parenthood Federation
IPS	Provincial Health Inspectorate
IR	Intermediate Result
IR	Implementation Research
IRB	Institutional Review Board
IRS	Indoor Residual Spraying
ISDRHS	Interim Plan for the Development of Human Resources for Health
ISS	Integrated Supportive Supervision
IT	Information Technology
JEE	Joint External Evaluation (tool)
JHPN	*Journal of Health, Population and Nutrition*
JHSPH	Johns Hopkins School of Public Health
JICA	Japan International Cooperation Agency
JKN	*Jaminan Kesehatan Nasional*
JLN	Joint Learning Network
JPGSPH	James P Grant School of Public Health, BRAC University
JSI	John Snow, Inc.
JUH	*Hôpital Universitaire Justinien* (Justinien University Hospital)
K&L	Knowledge and Learning
KEMRI	Kenya Medical Research Institute
KII	Key Informant Interview
KM	Knowledge Management
KMBS	Kyiv-Mohila Business School
KPI	Key Performance Indicator
KSPH	Kinshasa School of Public Health
L&HP	Lifestyle and Health Education and Promotion
L&M	Leadership and Management
L3M	Level 3 Monitoring
LAC	Latin America and the Caribbean
LASHEF	Lagos State Health Equity Fund
LASHMA	Lagos State Heath Management Agency
LCDA	Local Council Development Authority
LCMS	Living Conditions Monitoring Survey
LGA	Local Government Authority
LLIN	Long-Lasting Insecticide-Treated Net
LMD	License, Master, Doctorate
LMG	Leadership, Management and Governance Project
LMIC	Low-and Middle-Income Countries
LMIS	Logistics Management Information System
LOA	Letter of Agreement
LOE	Level of Effort
LSACA	Lagos State Agency for Control of AIDS
LSHS	Lagos State Health Scheme
LSMS	Living Standards Measurement Survey

M&E	Monitoring and Evaluation
MA	Management Assessment
MaHTAS	Malaysian Health Technology Assessment Section
MARP	Most At-Risk Population
MASH	Management Accounting System for Hospitals
MBEP	Ministry of Budget and Economic Planning
MCCO	Mutuals, Cooperatives, and Community-based Organizations
MCDMCH	Ministry of Community Development, Maternal and Child Health
MCH	Maternal and Child Health
mCPR	Modern Contraceptive Prevalence Rate
MCSP	Maternal and Child Survival Program
MCTS	Mother and Child Tracking System
MDA	Ministries, Departments, and Agencies
MDG	Millennium Development Goal
MDR	Multidrug Resistant
MDSR	Maternal Death Surveillance and Response
MDTF	Multi-Donor Trust Fund
MEF	*Ministère de l'économie et des Finances* (Ministry of Economics and Finance)
MeLSAT	Medical Laboratory Scientists Association of Tanzania
MER	Malaria Economic Research
MFI	Microfinance Institution
MFPTRA	Ministère de la Fonction Publique, du Travail, et de la Reforme Administrative (Ministry of Public Functions, Labor, and Administrative Reform
MHE	Ministry of Higher Education
MHIF	Mandatory Health Insurance Fund
MHM	Menstual Hygiene Management
MINSA	*Ministerio da Saûde* (Ministry of Health)
MIS	Malaria Indicator Survey
MIS	Management Information Systems
MMT	Methadone Maintenance Treatment
MNCH	Maternal, Neonatal, and Child Health
MNH	Maternal and Neonatal Health
MOB	Ministry of the Budget
MOE	Ministry of Education
MOEF	Ministry of Economy and Finance
MOF	Ministry of Finance
MOFED	Ministry of Finance and Economic Development
MOH	Ministry of Health
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOHFW	Ministry of Health and Family Welfare
MOHS	Ministry of Health and Sports
MOHSS	Ministry of Health and Social Services
MOHSW	Ministry of Health and Social Welfare
MOHW	Ministry of Health and Wellness
MOJ	Ministry of Justice
MOPS	Ministry of Public Service
MOU	Memorandum of Understanding

MoWCA	Ministry of Women's and Children's Affairs
MPCE	Ministry of Planning and Donor Coordination
MPH	Masters in Public Health
MRO	Membership and Regional Operations
MSA	Medical Services Administration
MSD	Medical Services Directorate
MSF	*Médecins Sans Frontières* (Doctors Without Borders)
MSH	Management Sciences for Health
MSHP	*Ministère de la Santé et de l'Hygiene Publique* (Ministry of Health and Public Hygiene)
MSLS	*Ministère de la Santé et de la Lutte contre le SIDA* (Ministry of Health and Fight Against AIDS)
MSM	Men Who Have Sex with Men
MSP	*Ministère de la Santé Publique* (Ministry of Public Health)
MSP	*Ministerio de la Salud Pública* (Ministry of Public Health)
MSPLS	Ministry of Health and Fight Against HIV/AIDS
MSPP	*Ministère de la Santé Publique et de la Population* (Ministry of Public Health and Population)
MSPS	*Ministère de la Santé et de Protection Sociale* (Ministry of Health and Social Protection)
MTESS	*Ministère du Travail, de l'Emploi et de la Sécurité Sociale* (Ministry of Labor, Employment and Social Security)
MTR	Mid-Term Review
NAA	National AIDS Authority
NACA	National Agency for the Control of AIDS
NACC	National AIDS Coordinating Committee
NACO	National AIDS Control Organisation
NAMS	National Academy of Medical Science
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NDOH	National Department of Health
NFHS	National Family Health Survey
NGO	Nongovernmental Organization
NHA	National Health Accounts
NHI	National Health Insurance
NHIA	National Health Insurance Authority
NHIA	National Health Insurance Administration
NHIS	National Health Insurance Scheme
NHM	National Health Mission (formerly National Rural Health Mission (NRHM))
NHSDP	NGO Health Services Delivery Project
NHSSPII	National Health Sector Strategic Plan II
NHSU	National Health Service of Ukraine
NICE	National Institute for Health and Clinical Excellence
NITI	National Institution for Transforming India

NMCC	National Malaria Control Centre
NMCP	National Malaria Control Program
NNS	National Nutrition Services
NPHC	National Public Health Center
NPHCDA	National Primary Health Care Development Agency
NQSSC	National Quality Strategy Steering Committee
NRM	National Health Mission
NURM	National Urban Health Mission
NT	National Treasury
NTBLCP	National Tuberculosis and Leprosy Control Program
NTP	National Targeted Program
NTP	National Tuberculosis Program
OCA	Organization Capacity Assessment
OECD	Organization for Economic Co-operation and Development
OECS	Organization of Eastern Caribbean States
OGAC	Office of the Global AIDS Coordinator
OGEI	Office of Statistics and Informatics
OHA	Office of HIV/AIDS
OHCEA	One Health Central and Eastern Africa
OHD	Oblast Health Department
OHS	Office of Health Systems
OHT	OneHealth Tool
OMRH	*Office de Management et des Ressources Humaines* (Office of Management and Human Resources)
OOP	Out-of-Pocket
OP	Operational Plan
OPC	Outpatient Clinics
OR	Operations Research
ORAS	*Organismo Regional Andino de Salud* (Andean Health Agency)
ORT	Other Recurrent Transactions
OSM	Office of Strategic Management
OVC	Orphans and Vulnerable Children
P&R	Preparedness and Response
P2JK	*Pusat Pembiayaan dan Jaminan Kesehatan*
P4H	Providing for Health
PAAR	Prioritized Above Allocation Request
PAC	Provincial AIDS Center
PAHAL	Partnerships for Affordable Healthcare Access and Longevity
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV-AIDS
PAO	Annual Operational Plan
PATHS2	Partnership for Transforming Health Systems, Phase Two
PBF	Performance-Based Financing
PBI	Performance-Based Incentives
PCRP	President's 2013 Comprehensive Response Plan
PDS	*Plan Directeur de Santé*
PE	Personnel Emoluments
PEA	Political Economy Analysis
PEPFAR	President's Emergency Plan for AIDS Relief

PER	Public Expenditure Review
PES	*Paquet Essentiel des Services* Package of Essential Services
PF	Partnership Framework
PFIP	Partnership Framework Implementation Plan
PFM	Public Financial Management
PFPA	Procurement, Finance, and Property Administration
PGI	Post Graduate Institute of Medical Education and Research
PHC	Primary Health Care
PHC	Primary Health Center
PHC CTT	Primary Health Care Costing Task Team
PHCUOR	Primary Health Care Under One Roof
PHER	Public Health Expenditure Review
PHFI	Public Health Foundation of India
PHR	Partners for Health Reform
PIDRHS	Interim Human Resources Development Plan for Health
PIO	Public International Organization
PIPPSE	HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programming
PLHIV	People Living with HIV
PMC	Preventive Medical Center
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNDAP	*Programme National de l'Activité Pharmaceutique* (National Pharmaceuticals Program)
PNDS	*Plan National de Développement Sanitaire* (National Plan for Health Development)
PNDS	*Plano Nacional de Desenvolvimento Sanitário* (National Health Development Plan)
PNLS	*Programme National de Lutte contre le SIDA* (National Program for the Fight Against AIDS)
PNLT	National Program for the Fight against Tuberculosis
PNS	*Politique Nationale de Sante* (National Health Policy)
PNSR	National Reproductive Health Program
POC	Point-of-care
PPJK	Center for Health Financing and Insurance
PPP	Public-Private Partnership
PPPN	Preferred Primary Care Provider Network
PPRC	Power and Participation Research Centre
PRB	Population Reference Bureau
PRH	Population and Reproductive Health
PRODESS	Procedures Manual for the Health Sector Development Plan
PROMESE/CAL	Program for Essential Medicine and Logistical Support Center
PS	Permanent Secretary
PS3	Public Sector Systems Strengthening Project
PSA	Private (Health) Sector Assessment
PSDRHS	Strategic Plan for the Development of Human Resources for Health

PSEC	Private Sector Engagement Collaborative
PSI	Population Services International
PSM	Procurement Supply and Management
PSS	Provincial Social Security
PSSP	*Plateforme du Secteur Sanitaire Privé* (Private Health Sector Platform)
QA	Quality Advisor
QA	Quality Assurance
QHC	Quality Healthcare
R4D	Results for Development
RAMU	*Régime d'Assurance Maladie Universelle* (Universal Health Insurance Scheme)
RBF	Results-based Financing
RBM	Results-Based Management
RCM	Regional Coordinating Mechanism
RCMHS	Regional Coordinating Mechanism for Health Security
RDM	Research for Decision Makers
RDQA	Routine Data Quality Audit
RFA	Request for Applications
RGA	Request for Application
RHB	Regional Health Bureau
RHS	Regional Health Service
RHSA	Rapid Health Systems Assessment
RIVCHPP	Rivers State Contributory Health Protection Programme
RMD	Resource Mobilization Department
RMG	Ready-made Garment
RMNCH+A	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RMS	Resource Mobilization Strategy
RPME	Research, Policy, Monitoring, and Evaluation
RRU	Revenue Retention and Utilization
S4H	Systems for Health
SACA	State Agency for the Control of AIDS
SADC	Southern African Development Community
SAI	Comprehensive HIV Care Center
SAMBA	Simple Amplification-based Assay
SARA	Service Availability and Readiness Assessments
SASCP	State AIDS and STD Control Program
SCMS	Supply Chain Management System
SCTF	Single Donor Trust Fund
SDG	Sustainable Development Goal
SEARO	South East Asia Regional Office
SEGAL	Secretary General's Office
SENASA	*Seguridad Nacional de Salud* (National Health Insurance)
SFI	Sustainable Financing Initiative
SFS	*Seguro Familiar de Salud* Family Health Insurance
SG	Secretary General
SGBP	State Guaranteed Benefit Package

SHA	System of Health Accounts
SHI	Social Health Insurance
SHOPS	Strengthening Health Outcomes through the Private Sector
SHP	Strategic Health Purchasing
SIAPS	Systems for Improving Access to Pharmaceuticals and Services
SID	Sustainability Index and Dashboard
SIFPO	Support for International Family Planning Organizations
SIGRH	*Systeme d'Information et de Gestion des Ressources Humaines* (Human Resource Information Management System)
SIHFW	State Institute of Health and Family Welfare
SIMPA	Swaziland Institute of Management and Public Administration
SIS	*Sistema Integral de Salud* (Integrated Health System)
SISALRIL	*Superintendencia de Salud y Riesgos Laborales* (Superintendence of Health and Occupational Risks)
SLA	Service-Level Agreement
SLHA	State-Level Health Accounts
SME	Small and Medium Enterprises
SMC	Seasonal Malaria Chemoprevention
SMOH	State Ministry of Health
SMT	Senior Management Team
SMT-RHD	Regional Health Directorate in San Martin
SNC	Swaziland Nursing Council
SNNP	Southern Nations, Nationalities, and Peoples Region
SNS	*Servicio Nacional de Salud* National Health Service
SOCHEMA	Sokoto State Health Care Contributory Management Agency
SOML	Saving One Million Lives (
SOP	Standard Operating Procedures
SOTA	State of the Art
SOW	Scope of Work
SPHCDA	State Primary Health Care Development Agency
SPWG	Social Protection Working Group
SQA	Service Quality Assessment
SRI	Sustainable Financing Initiative
SRM	Sustainability Road Map
SRS	*Servicios Regionales de Salud*, Regional Health Services
SSA	Sub-Saharan Africa
SSC	Social Security Commission
SSCHMA	Sokoto State Contributory Health Financing Agency
SSG	Secretary to the State Government
SSHIS	State-supported Health Insurance Scheme
SSNIT	Social Security and National Insurance Trust
SUGEMI	*Sistema Único de Gestión de Medicamentos e Insumos* (Integrated System for Pharmaceuticals and Medical Supplies Management)
SVG	St. Vincent and the Grenadines
SW	Social Welfare
SWG	Sustainability Working Group

SYSEP	*Systeme d'Evaluation de la Performance* (Performance Management System)
TA	Technical Assistance
TACAIDS	Tanzania Commission for AIDS
TAG	Technical Advisory Group
TASC	Technical Assistance and Support Contract
TB	Tuberculosis
TBSS	Tuberculosis Supportive Supervision
TDY	Temporary Duty Yonder
TFR	Total Fertility Rate
TMS	Tibetan Medicare Scheme
TOR	Terms of Reference
TOT	Training of Trainers
TRG	Training Resources Group
TWG	Technical Working Group
TWG	Thematic Working Group
UADS	*Unité d'Appui à la Décentralization Sanitaire* (Decentralization Unit)
UCP	*Unité de Coordination du Projet* Project Coordinating Unit
UEMOA	*Union Economique de Monitaire Ouest Africaine* **(**West African Economic and Monetary Union)
UEP	*Unité d'Evaluation* et *de Programmation* (Evaluation and Planning Unit)
UFR-SM	*Unité de Formation et de Recherches des Sciences Médicales* (Training and Research Unit/School of Medicine)
UHC	Universal Health Coverage
UHCAN	Universal Health Care Advisory Committee for Namibia
UHSP	Universal Health Services Package
UI	University of Indonesia
UKHS	Use of Knowledge in Health Systems
UN	United Nations
UNAG	United Nations Association of Georgia
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Fund
UNMSM	University of San Marcos
UoPH	Yangon University of Public Health
UPC	*Unité de Coordination du Projet* Project Coordinating Unit
UPE	*Unité de Programmation et d'Evaluation* (Planning and Evaluation Unit)
URGM	*Unidad Regional de Gestion de Medicamentos* (Regional Unit for Management of Medicines)
US	Under Secretary
USAID	United States Agency for International Development
USG	United States Government
UWI	University of the West Indies

VAAC	Vietnam Administration of HIV/AIDS Control
VCT	Voluntary Counseling and Testing
VL	Viral Load
VSS	Vietnam Social Security
WAHO	West Africa Health Organization
WA/RHO	USAID West African Regional Health Office
WB	World Bank
WBI	World Bank Institute
WHO	World Health Organization
WoFED	Woreda Office of Finance and Economic Development
WorHO	Woreda Health Office
WRAI	White Ribbon Alliance
ZHD	Zone Health Department
ZISSP	Zambia Integrated Systems Strengthening Project
ZPCT-II	Zambia Prevention, Care, and Treatment Project

1. INTRODUCTION

Countries need strong health systems that are well managed and country financed if they are to increase the use of life-saving health services, especially by women and children, or by poor and/or rural populations. USAID's Global Health Bureau launched the Health Finance and Governance (HFG) project in 2012 to support countries in their quest for stronger health systems that deliver the life-saving services their citizens need, when and where they can access them, and at affordable prices.

To achieve this goal, domestic financing for health will need to increase in many countries. At the same time, and as policymakers and donors know, strong governance at all levels of the health system is necessary to ensure that the resources indeed go to the health sector and achieve their intended results. HFG integrates governance into country programs to improve government stewardship, civil society voice, transparency, and accountability.

HFG's strategy has been to deliver country-responsive technical assistance and interventions that reduce system bottlenecks in order to increase the use of priority health services, including for tuberculosis (TB), HIV/AIDS, malaria, maternal and child health (MCH), and reproductive health. HFG has collaborated with other USAID projects and other donors to ensure harmonized and efficient progress. Most especially, it has partnered with local institutions and built their capacity to sustain the impact of project interventions.

HFG's four Intermediate Results (IRs) (Figure 1) work in concert to move countries toward self-sufficient health system financing and governance, and to advance global learning and consensus:

IR1: Improved financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems

IR2: Strengthened governance for better health system management and greater accountability and transparency

IR3: Improved country-owned health management and operations systems to improve the delivery and effectiveness of health care, for example, through mobile money and public financial management

IR4: Improved techniques to measure progress in health systems performance, especially around universal health coverage (UHC)

The project's monitoring and evaluation (M&E) framework (Figure 2) maps the causal pathway from project inputs to outcomes. This annual report summarizes the inputs, processes, outputs, and outcomes of more than 200 activities that in its final year, HFG has implemented across all its programs: 23 countries, three regional bureaus, five health offices (directed core), and the cross-bureau program of the Office of Health Systems (OHS).

FIGURE 1. HFG RESULTS FRAMEWORK

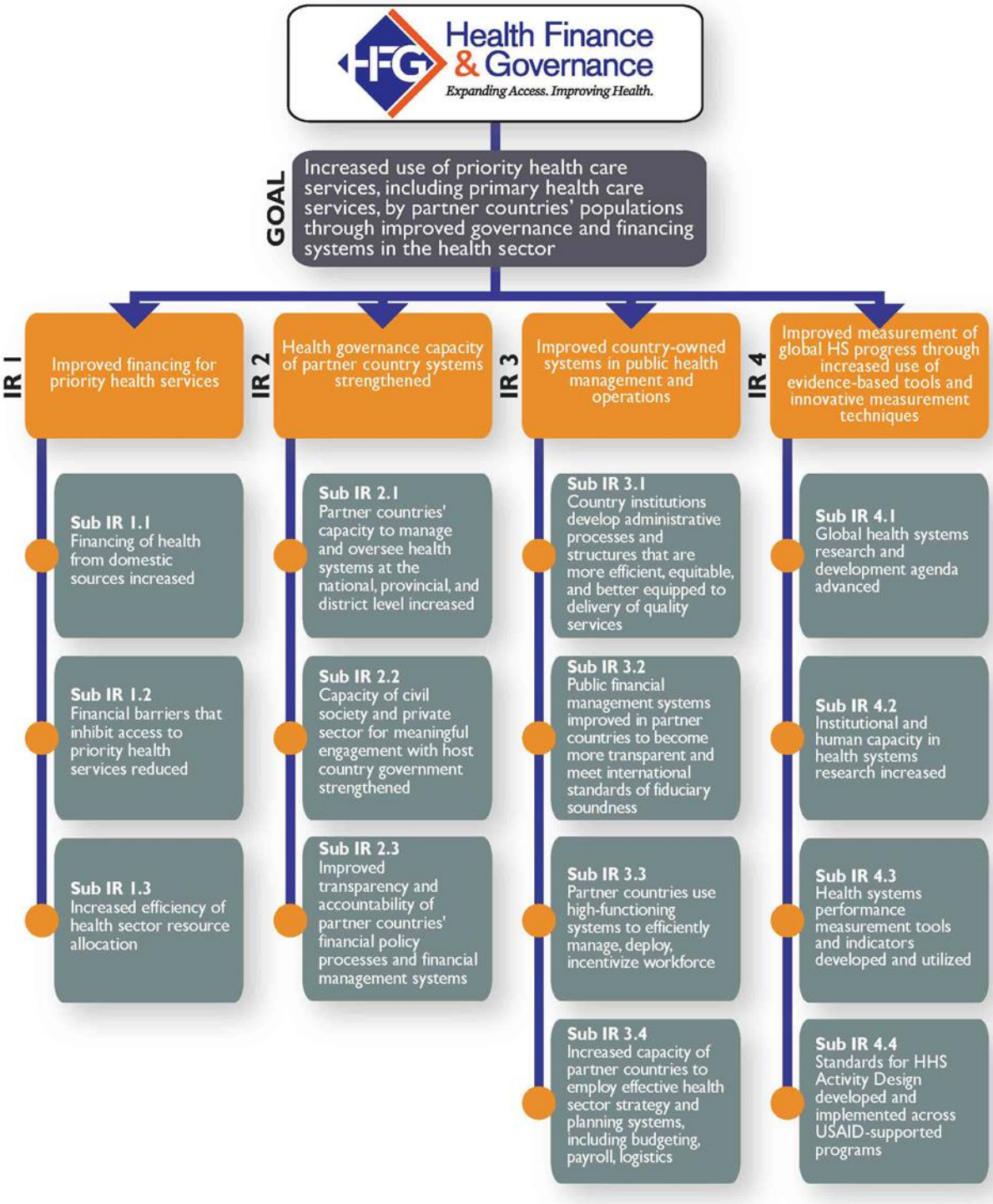


FIGURE 2. HFG M&E FRAMEWORK

2. HIGHLIGHTS

HFG leads assessment of comprehensive HIV care sites in Dominican Republic

HFG/Dominican Republic conducted an assessment of 12 Comprehensive HIV Care sites, alongside staff from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Dominican National Health Service, the Center for Comprehensive Education and Research, and the Advancing Partners and Communities project. The assessment is a continuation of an evaluation PEPFAR initiated in 2016. It monitors the performance of the 12 care sites across seven key areas: human resources, monitoring and quality assurance, infrastructure, supply chain management, laboratory services, patient care, and operations.

HFG Vietnam finalizes projections models for HIV funding

HFG has provided long-term technical assistance to Vietnam Social Security (VSS) and Vietnam Administration for HIV/AIDS Control (VAAC) to develop projection models for forecasting revenues and expenditures for the country's Social Health Insurance (SHI) fund as well as SHI obligations for HIV services. After several years of close collaboration and working sessions between the three parties, both projection models were finalized and handed over to VSS and VAAC in July 2018. With the national SHI financial projection models and software, VSS is able to forecast annual financial flows (revenue and expenditure) for better planning and management of the SHI fund. The projections of SHI expenditures for HIV services will inform VAAC's advocacy to mobilize domestic financial resources for the HIV response as international donor support is reduced. The full projection model will also be a valuable tool for testing various scenarios during the 2019 revision of the Law on Health Insurance.

HFG and World Bank Flagship Program Partnership hold review workshop

HFG, in partnership with the World Bank, organized a "Workshop on the Flagship Learning Program for the Next Decade" in Washington, DC, on July 9-10, 2018. The purpose of the workshop was to reflect on two decades of experience delivering the Flagship Course for health systems strengthening, and to provide recommendations on updating the Flagship Learning Program. To see the meeting summary, go here.

HFG Ethiopia hosts project closing ceremony

On July 19, 2018, HFG hosted the closing ceremony for the **Ethiopia Health Sector Financing Reform/Health Finance and Governance (HSFR/HFG)** project. The ceremony, which was chaired by the Minister of Health and Public Hygiene and coordinated by the General Health Inspectorate, welcomed representatives from USAID, the Federal Ministry of Health, the Ethiopia Health Insurance Agency, regional health bureaus, bureaus of finance and economic development, zonal health departments, community-based health insurance schemes, health facilities, and development partners to review project accomplishments and lessons learned over the five years of project implementation. To learn more, go here.

HFG India hosts closing ceremony in New Delhi

On July 25, 2018, HFG India hosted the official closing ceremony of the project in New Delhi. The ceremony was attended by senior representatives from USAID, implementation agencies that will take forward key HFG project activities, project partner Avenir Health, and HFG/Abt Associates global and India leadership. These different stakeholders discussed the progress that HFG made and opportunities to further strengthen government systems to ensure improved availability of quality, affordable health care for India's poor and marginalized. To learn more, go here.

HFG Haiti leaves a legacy of strengthened health systems management

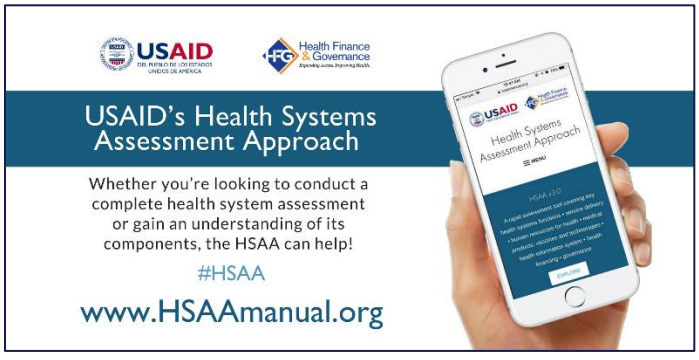
On August 7, 2018, HFG hosted a debriefing session with the Ministry of Public Health and Population (MSPP) of Haiti to discuss the project's accomplishments and transition as HFG ends. Dr. Ernst Jean-Baptiste, Chief of Staff to the Health Minister, presided over the meeting. Lisa Nichols, Haiti Country Manager, led the HFG delegation, which included Chief of Party Dr. Desire Boko, and HFG Activity Manager Dr. Elsy Salnave. With HFG support, MSPP has taken on a more active role in capacity building to advance the development of the national health financing strategy. To learn more, go here.

HFG hosts evidence synthesis workshops across Nigeria

As part of ongoing health financing reform in Nigeria, HFG hosted three evidence synthesis workshops in Lagos, Abuja, and Kano. The workshops enabled participants to share recommendations gathered from diagnostic health financing assessments in fiscal space analysis, government and political economy, public expenditure, public financial management, and service availability readiness. At the workshops, the various state stakeholders evaluated the feasibility of the recommendations and synthesized policy actions that will enable their state to spend more on health and better use their expenditure data for future planning and advocacy efforts.

HFG launches v3.0 of the Health Systems Assessment Approach

On August 22, 2018, HFG hosted a webinar that introduced USAID's Health Systems Assessment Approach (HSAA) v3.0, a rapid assessment tool first developed under USAID's Health Systems 20/20 project. The HSAA, now mobile-friendly, covers key health systems functions. More than 100 people attended the webinar. The webinar recording and more information can be found on HFG's website here.



HFG and JLN host webinar on regulating private health providers on the road to UHC

On September 6, 2018, HFG and the Joint Learning Network (JLN) co-hosted a webinar to discuss lessons learned in regulating the private health sector when providing primary health care. More than 100 health systems specialists from around the globe joined to learn from the experiences of Kenya, Indonesia, and Malaysia in regulating the private health sector so that it sets standards for, and protects and encourages quality in primary care. During the webinar, HFG and JLN and HFG launched three new resources that provide guidance on this important topic. The recording of the webinar can be found here.

HFG hosts UHC workshop in Cambodia

On September 17-18, 2018, HFG provided training in Phnom Penh to help USAID/Cambodia and implementing partner staff understand the key dimensions of UHC – population coverage, quality, and financing – and the options available to help Cambodia transition toward UHC. Training focused on the basics of access, quality, and health financing, pathways toward UHC, an overview of Cambodia's current schemes and systems, and relevant case studies from other countries working to achieve UHC.

HFG leads TB financing workshop in Cambodia

HFG conducted a TB financing workshop on September 20-21, 2018, in Siem Reap. The workshop brought together Cambodia's TB and health finance experts to review the constraints to progress in controlling TB, identify emerging opportunities in the national health finance reform space, and devise strategies to ensure TB programs leverage those opportunities for maximum impact.

3. CROSS-BUREAU ACTIVITIES

ACTIVITY 1 *Moving toward UHC: State of the Art and Lessons Learned*

Activity Objectives - Under this activity, HFG will synthesize lessons learned from its multiple engagements with the UHC agenda across the world to produce a series of briefs on key lessons learned. Following an extensive review of HFG's activities, the team agreed to prepare the following three briefs: (1) Developing and implementing health financing strategies for universal health coverage (UHC); (2) Extending health insurance coverage; and (3) Building understanding for UHC. In Year 5, HFG prepared drafts of the first two briefs. In Year 6, HFG will finalize the first two briefs and complete the third one. HFG will also disseminate the briefs at external roundtable events held at USAID and through webinars.

Year 6 Progress - In Q1, the authors of each of the three briefs focused on developing the content of the briefs. In Q2, the brief on health financing strategies was finalized and the key lessons from this brief as well as the health insurance brief were showcased at two roundtable events held in Washington. The events were part of a series of four events that primarily targeted a USAID audience – the other two roundtable discussions covered domestic resource mobilization (DRM) and strategic purchasing – and generated rich discussion on these priority topics.

In Q3, the briefs on health insurance coverage and building understanding for UHC were finalized. All three briefs were disseminated at HFG's end-of-project event in May 2018.

This activity is complete.

ACTIVITY 2 *A Country Guide for Assessing System-level Technical Efficiency*

Activity Objectives - In response to a direct request from WHO's Health Systems Governance and Finance Division, and building on the HFG project's "MOH-MOF toolkit: Indicators of technical efficiency," HFG will continue developing a guide to support country teams to diagnose, map, and address sources of inefficiencies across a country's health system. The guide will provide top sources of inefficiency in low- and middle-income countries (LMICs), tools to contextualize their importance, and a process for prioritizing action to improve technical efficiency. The guide will also provide suggestions for monitoring and communicating progress strategically to support DRM and relationships with actors in- and outside the health sector. This diagnostic guide is intended to be led by country stakeholders, with only targeted analytical support - either local or international. In Year 6, HFG will:

- Finalize technical modules and process chapter. HFG will continue soliciting review from other OHS projects as relevant, including SIAPS and HRH2030.
- Solicit input from partners on the draft guide, especially the suggested process for conducting the exercise, the associated tools to support them, and the presentation of the guide in the web-based platform.
- Refine guide based on stakeholder feedback.

- Disseminate final guide as a web-based tool through the Articulate Rise platform.

Year 6 Progress - In Q1, HFG continued writing and reviewing the guide's technical clusters (Service Delivery, Health Workforce, Medicines, and Financing and Governance) around which the guide is organized. These clusters in turn contain 14 modules focused on specific sources of inefficiencies. During Q1, HFG finalized first drafts for Service Delivery and Medicines, and continued work on the other two clusters. HFG also held a series of internal and external consultations meetings to refine the scope and utility of the guide and make structural decisions. These discussions focused on specific technical content covered by the modules, approaches to estimate size of efficiency loss, proposed processes to identify and prioritize an entry point to the assessment by country teams, criteria to rank potential solutions, and tools to facilitate action planning and strategic communication, and monitoring progress over time.

Also in Q1, in collaboration with Training Resources Group (TRG), and using the Articulate Rise e-learning software, HFG started developing an accessible, user-friendly web-based platform for the final product. In the next quarter, HFG plans on sharing a beta version of this platform, populated with some of the technical content and process guidance developed, with key stakeholders to solicit inputs on the content, recommended process, and packaging of the guide.

In Q2, HFG finalized complete drafts of all modules included under three of the four technical clusters and, three of four modules in the fourth cluster. Each module went through several internal quality reviews. After the drafts were revised and formatted, they were shared with WHO for a final review. Each module describes a common technical efficiency in LMICs, along with the sources of those inefficiencies and illustrative country examples. Each module also has a set of diagnostic indicators, a key informant interview guide, and a menu of interventions that will help users understand of the sources of technical inefficiency across the health system, identify entry points to address them, and prioritize a set of interventions to help address them.

Additionally, HFG worked on further developing the website for hosting the guide with a focus on user interface and navigation. This development occurred alongside the development of materials to support users through the process of applying the modules and achieving the intended results. Materials developed include a rapid assessment to facilitate initial prioritization of inefficiencies, a process checklist, and templates for analyzing and communicating results. The team held several meetings with internal and external stakeholders, including WHO, to share draft versions of the webpage with populated content and solicit feedback. Inputs from these stakeholders continue to feed into the iterative process of developing the webpage and process.

Also in Q2, HFG worked with country teams and partners to identify opportunities and platforms for piloting and wider dissemination of the guide. This included a meeting with the World Bank to identify synergies with their work on efficiency indicators. Conversations with country teams resulted in discussions about piloting modules under the Pharmaceutical Products cluster in Nigeria's Bauchi State. The team is also currently exploring interest in piloting the Spending Autonomy module in Ethiopia.

During Q3, HFG worked to address feedback from WHO/Ethiopia and WHO/Geneva on clarifying the purpose, audience, and process of the tool in policymaking. As a result, HFG streamlined the process of using the guide, moving from a two-step process with an initial assessment followed by a "deep-dive" into focus areas, into a single, rapid, macro-level prioritization process. The team produced and circulated a Frequently Asked Questions document that addressed core questions about the content and utility of the guide. Furthermore, the technical modules were further revised to address comments from reviewers. These revisions informed the pilot of Pharmaceutical Products modules in Nigeria Bauchi State that also launched in Q3, and will be completed in Q4.

Also in Q3, the team populated the guide's website with the technical modules and other supporting materials and resources, with only one technical module remaining. The website underwent several quality assurance reviews and was demonstrated as part of the Learning Lab session during HFG's end-of-project event, where it attracted wide-ranging interest.

By the end of Q4, the team will have finalized the last module on provider payment and developed a promotional video about the Technical Efficiency Guide and disseminated it through social media and partner events, such as the World Bank-led Joint Learning Network (JLN) efficiency track event. The team will also prepare to present the guide at the Abt booth at the Health Systems Research Global Symposium in October. The team will use these dissemination channels to share the final results of and lessons from the Bauchi State pilot.

Q4 Challenges - WHO Geneva indirectly indicated that they did not want to continue collaborating with HFG on the Technical Efficiency Guide.

Table 1 provides additional activity-specific updates.

TABLE 1. CROSS-BUREAU ACTIVITY 2 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Finish drafting all modules for the guide	In Q4, HFG plans to finalize the last technical module under the Finance and Governance cluster on provider payment.	
Disseminate guide	In Q4, the team plans to work with the HFG communications team and TRG to prepare a promotional video that we will disseminate widely through social media and partner events. The team also plans to share the guide with the AOR team.	

ACTIVITY 3 *Cost-effectiveness and Equity Analysis of Sin Taxes for DRM*

Activity Objectives - The objective of this activity is to undertake an extended cost-effectiveness analysis (ECEA) of a proposed sugar-sweetened beverage tax in the Philippines to better understand the potential for generating revenue in support of health promotion and prevention efforts and the equity implications of such a tax.

This work offers countries a tested methodology to inform their consideration of sin taxes as a means of financing UHC in LMICs. To the best of our knowledge, this was the first ECEA conducted on sugar-sweetened beverage taxation and contributes substantially to global knowledge. Furthermore, in countries with available household and consumer data, this approach could potentially be replicated to help ministries of Finance and of Health in making decisions about how to allocate resources more effectively.

Year 6 Progress - In Q1, HFG was granted access to the 2008-2013 National Nutritional Survey data by the Philippines' Food Nutrition Research Institute. With this dataset, HFG now has access to all the data needed to conduct the ECEA and has started work on the analysis.

In Q2, HFG completed data collection and preliminary analysis. The distributional aspects of the modelling exercise (the shape of the output) is consistent with the global pool of evidence. The magnitude of the modelled outcomes, however, is distorted by faulty consumption data. HFG is working to resolve this issue and is simultaneously drafting the manuscript to be submitted for a special issue of the Bulletin of the World Health Organization.

In Q3, HFG resolved issues with consumption data, thus completing analysis. A draft manuscript was prepared and circulated among co-authors for feedback.

In Q4, HFG finished the analysis and refined the model for the ECEA of a sugar-sweetened beverage tax included in the recent TRAIN tax reform legislation enacted in January 2018. HFG submitted to the Bulletin of the World Health Organization a manuscript that now is under review. In addition, HFG developed a policy brief to disseminate the findings from this research in the Philippines.

Table 2 provides additional activity-specific updates.

TABLE 2. CROSS-BUREAU ACTIVITY 3 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Draft manuscript	The manuscript was drafted and submitted to the *Bulletin of the World Health Organization*.	

ACTIVITY4 *Developing Guidance for Strategic Communications and Stakeholder Engagement to Achieve Strong UHC*

Activity Objectives - Effective strategic communications and stakeholder engagement are essential to realize UHC. In this activity, HFG has supported country delegations from relevant government agencies to develop and co-produce Strategic Communication for Universal Health Coverage: Practical Guide and accompanying Strategic Communication for Universal Health Coverage: Planning Tool. These materials are intended to help policy champions develop and implement tailored communications plans to accelerate progress toward UHC. Prior to Year 6, HFG released a call for Expressions of Interest, identified relevant government delegations, and convened two virtual learning sessions (in April 2017 and June 2017) for country participants to begin sharing experiences and brainstorming key topics. In July 2017, HFG, in partnership with the Ghana National Health Insurance Authority, led a two-day workshop in Accra, Ghana, using peer-learning approaches to promote knowledge exchange, invite inputs to the guide, and test approaches for the tool. Following this workshop, country participants collaborated with HFG to co-develop the first draft of the Practical Guide and Planning Tool, which were shared with international communications and health policy experts for their quality assurance (QA) review.

Year 6 Progress - In Year 6, HFG is working to finalize and operationalize the global Practical Guide and Planning Tool.

In Q1 and Q2, HFG completed content reviews and edits to the Practical Guide.

As part of the activity in Year 5, all eight participating countries (Bangladesh, Cambodia, Ghana, Malaysia, Nigeria, Peru, Senegal, and Sudan) began developing outlines for their communication plans. From this group, HFG selected Nigeria to pilot test the guide and tool, applying lessons contained in the guide to the development of its strategic communication for UHC strategy and in other communication tasks. Additionally, Nigeria will work closely with HFG on a country case study that will document the process and be shared widely through both the HFG network and JLN platform.

In Q3, HFG worked with a designer and editor to finalize the format and design of the Practical Guide and Planning Tool. Following their launch in June 2018, HFG disseminated the documents through a joint HFG-JLN webinar, bringing together nearly 100 participants to discuss the overview of the guide and tool.

Regarding the Nigeria pilot, HFG began working closely with a respected local partner, Nigeria Health Watch, on development of the UHC communication strategy. With HFG support, Nigeria Health Watch provided technical guidance to identify UHC strategic communication priorities in Nigeria and conducted a stakeholder mapping exercise. In particular, Nigeria Health Watch outlined the process and timeline of the stakeholder analysis, developed data collection tools, and identified priority stakeholders in Nigeria. Additionally, working directly with the Federal Ministry of Health (FMOH), Nigeria Health Watch and HFG began populating steps 1-4 of the Planning Tool, which, along with steps 5-6, are expected to be finalized in Q4.

In Q4, the FMOH, Nigeria Health Watch, and HFG populated steps 1-4 of the Planning Tool. On July 19, 2018, the FMOH, with support from HFG and Nigeria Health Watch, convened a stakeholder forum in Abuja. The aim of the forum was to get stakeholder input using the Practical Guide and Planning Tool to guide the co-development and pre-testing of key UHC messages. Participants also recommended next steps for the FMOH for further development and future implementation of the strategic communication plan for UHC.

Following the forum, HFG drafted and finalized the case study on Nigeria's experience using the Practical Guide and Planning Tool. The final version will be validated by the FMOH and Nigeria Health Watch.

Table 3 provides additional activity-specific updates.

TABLE 3. CROSS-BUREAU ACTIVITY 4 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Draft case study	Completed	
Finalize and disseminate case study	Completed	

ACTIVITY 5 *Understanding the Operational Factors behind Sustainable Health Systems Strengthening*

Activity Objectives - While the USAID-supported health system reforms in Central Asia are widely acclaimed by development practitioners who are familiar with the region, the process and the reasons behind the success have not been fully documented for a development practitioner audience, and therefore the lessons learned from the experience may not be applied to other development contexts.

The 2015 report Anatomy of Health Care Transformation: USAID's 20-Year Legacy of Health Systems Strengthening in Central Asia synthesizes the results of 20 years of USAID investment in Health Systems Strengthening (HSS) in Central Asia for a general audience. Building on the themes addressed in this document, HFG will further investigate and draw from existing statistics and research on HSS and service delivery outcomes in the region. The result will be an article on lessons learned from long-term investment in HSS in Central Asia.

Year 6 Progress - Much of the article preparation took place in Year 5: In Y5Q1, HFG HSS and research experts determined the best approach for this activity. Additionally, HFG met with potential researchers and writers and identified a writer. In Q2, HFG reviewed relevant literature and created an annotated outline for the article; in looking at the impact of our Central Asia HSS work over a 20-year period, it will focus on progress toward UHC outcomes. In Q3, the writer completed summaries of the literature and drafted outlines that the HFG Economics Advisor reviewed. In Q4, HFG interviewed 10 Central Asia experts to ask them two questions: (i) what are the outstanding successes and (ii) what are the key replicable factors for success in the region. The findings of the survey were summarized in a draft paper/article.

In Q1 of Year 6, the draft paper was refined and submitted for HFG's special issue the Journal of Health Systems and Reform. In Q3, the journal published the article.

This activity is now complete.

ACTIVITY6 *Pathways to Universal Health Coverage (Part 3)*

Activity Objectives - In this third in HFG's series of cross-country analyses on "UHC Pathways," HFG explored why and how three different countries that finance health through national health insurance or a UHC scheme chose to include or not include an existing, large-scale vertical program under the insurance initiative.

Research questions include:

- Why did policymakers decide to include or not include an existing, large-scale vertical program into the national social insurance scheme?
- How, operationally, was the vertical program integrated; what were the resulting intended and unintended effects?

HFG selected for the case study countries with experiences relevant to Ending Preventable Child and Maternal Deaths (EPCMD) countries. Likely candidates included the Philippines (family planning integrated under PhilHealth), the Kyrgyz Republic (TB integrated in national health insurance funds), and Rwanda (Community Health Funds cover user fees for vertical program services). In each country, HFG completed a comprehensive desk review and conducted qualitative research through key informant interviews, using an interview guide tailored to the key informant while also designed to obtain similar information across informants and country cases. Key informants included high-level policymakers and program managers from governmental and nongovernmental organizations (NGOs). Interviews were conducted either remotely (via phone/internet), through opportunistic leveraging of existing staff travel, or by field-based staff.

Year 6 Progress - In Q1, HFG held internal meetings to refine the work plan and collect more information about potential case study countries and the associated large-scale vertical program. As a next step, HFG will finalize the case selection and solicit approval for those cases from Mission Directors.

In Q2, the case study countries were proposed: Kyrgyz Republic, the Philippines, and Rwanda. The specific vertical programs and UHC schemes in each of these countries are:

- **Kyrgyz Republic:** TB included in national health insurance funds
- **The Philippines:** Family planning services included under PhilHealth
- **Rwanda:** User fees for malaria services at health center and dispensary level are covered by community-based health insurance (CBHI).

In late March, HFG received concurrence for the Philippines case study. The team and an expert on Rwanda's CBHI and concluded that it would not fit the study because the scheme included malaria services from the beginning. HFG finalized the study protocol and key informant interview guide and applied for internal (Abt) institutional review board (IRB) approval.

During Q3, the Abt IRB committee granted an exemption. Ethics approval was also received from local ethics committees in both Kyrgyzstan and the Philippines. In Kyrgyzstan, HFG interviewed 13 key informants from the National TB Program, the Mandatory Health Insurance Fund, the Ministry of Health, the Ministry of Finance, a TB clinic, provider associations, implementing partners, a local NGO, and the Global Fund. All interviews were transcribed and the transcripts were translated from Russian into English. HFG also did a desk review on the transition of TB financing to the Mandatory Health Insurance Fund.

In the Philippines, the team conducted a desk review on the inclusion of family planning services in the state benefits package. For the key informant interviews, a guide was pilot-tested with one informant and subsequently adapted to the local context. The team interviewed 10 senior management at the Department of Health and PhilHealth, development partners, NGOs, and providers. The interviews were transcribed. A report outline was developed and will be used to combine the case studies into a comprehensive report.

HFG held a preliminary call with WHO to learn about application of the diagnostic framework in its A System-Wide Approach to Analysing Efficiency Across Health Programmes to countries with national insurance that include vertical programs. In the discussion, we learned that WHO has applied this approach in Estonia and Ghana, countries with national insurance. WHO's Susan Sparkes will send us draft reports from each assessment so we can identify potential lessons to use to complement what we are learning in the Philippines and Kyrgyz Republic.

In Q4, the case studies from the Philippines and Kyrgyz Republic were drafted and finalized. An integrated report incorporating the case studies was prepared and shared with USAID and other stakeholders in both countries.

Table 4 provides additional activity-specific updates.

TABLE 4. CROSS-BUREAU ACTIVITY 6 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Draft, finalize, and disseminate case studies	The case studies were drafted and finalized. An integrated report was prepared and shared with stakeholders.	

ACTIVITY 7 *Implementation Research for UHC Workshop*

Activity Objectives - Building on implementation research (IR) support HFG provided to the governments of Indonesia and Myanmar, aimed at informing the progress of UHC initiatives in both countries, and drawing on a session hosted by HFG at the 2016 JLN global meeting in Malaysia, HFG will co-develop and facilitate an "Implementation Research for Universal Health Coverage" workshop at a JLN global meeting. The workshop will enable participant countries to learn how to implement an IR process to inform revisions to their UHC reforms. The focus will be on IR around strategic purchasing and health benefits policy as these are the priorities of a group of JLN countries that will meet in Seoul, South Korea, in December 2017.

HFG will work with identified countries to develop a country-led and interactive workshop. HFG will promote exchange of experiences by representatives from countries including Indonesia, Ghana, Kenya, Malaysia, Mali, Morocco, and Vietnam to deepen understanding of how IR has been organized and implemented, how priority questions have been determined, and lessons about targeting audiences for the IR results that lead to strengthened UHC efforts.

Year 6 Progress - HFG worked with the JLN in the spring and summer 2017 to create a follow-on workshop to the one held in Malaysia. In Y6Q1 (December), we participated in a JLN meeting in Seoul, South Korea. The week-long meeting was sponsored by the South Korean government. There were several plenary sessions and two days devoted to Learning Collaborative work. Two Learning Collaboratives, Health Benefits Policy and Domestic Resource Mobilization, held workshops during the meeting. HFG made a presentation on IR to the Health Benefits Policy Learning Collaborative on December 5. Presenters were Shita Dewi, Project Director of the HFG-funded Implementation Research for Universal Health Coverage in Indonesia project, and Lisa LeRoy, a qualitative methods expert who is working with Dr. Dewi's Indonesia team. The countries participating in the collaborative were: Ghana, Kenya, Morocco, Mali, Vietnam, Indonesia, and Malaysia. They were very engaged in the presentation and asked many questions that led to a robust discussion. One of the unique aspects of the Indonesia IR project is the involvement of national stakeholders. The team has invited national stakeholders to help craft the IR questions and areas of inquiry. The result is that stakeholders are invested in the findings of the research and in improving policies and regulations to resolve issues that the research uncovered. Several countries that participated in the JLN meeting are already experimenting with IR. Others are considering how to best apply IR techniques in their countries, and apply the unique aspects that Indonesia applied in its application of IR.

This activity is completed.

ACTIVITY 8 *Improved Country-Owned Systems: Lessons for High Performing Health Workforce and Public Financial Management*

Activity Objectives - The HFG project has helped address weaknesses in health workforce management and public financial management (PFM) in at least 10 countries, including Haiti, Swaziland, Ghana, India, and Côte d'Ivoire, in the past five years. This activity will analyze HFG's experience with workforce management and PFM to identify common themes, approaches, and results. From this, the activity will draw lessons and suggest the agenda for future work in these topic areas. The agenda might include replicating and adapting successfully provided assistance, the production of knowledge products

that capture lessons and how they were achieved to facilitate uptake by others, deepening or broadening work accomplished, performing next generation work to follow on from achievements, or finding new approaches to issues where the intended outcomes have not been attained. The activity also will include a desk review of the HFG activities and documentation, a light-touch review of literature and other initiatives to address the topic areas, and key informant interviews (mainly by telephone) of a sample of: (1) HFG technical staff involved in providing assistance, (2) the country-level change agent beneficiaries of HFG's work, (3) USAID Mission staff who requested and oversaw HFG's work, and (4) others, as appropriate. The purposes of the interviews will be to: (1) validate the findings from the desk review, (2) obtain thinking about the agenda for the future, and (3) identify additional lessons.

Year 6 Progress - In Q1, HFG identified and started reviewing the published literature around public finance and health workforce management. Based on this, HFG developed a mapping framework and began reviewing relevant HFG activities. HFG also worked closely with WHO to ensure this activity is comprehensive and complementary of other similar initiatives undertaken by WHO.

In Q2, HFG conducted and completed a landscape analysis of HFG activities focusing on strengthening PFM systems, with the goal of identifying and synthesizing HFG's global experience in PFM technical assistance. Activities identified include aspects of budget formulation, budget execution, and budget monitoring processes.

In addition to this activity mapping, HFG also identified 3-4 countries for a "deep-dive" analysis based on the depth and breadth of technical interventions around PFM. The team is communicating with missions and securing approvals to interview key stakeholders in these countries, to capture detailed insights on experiences and lessons from implementing PFM activities, understand perceptions of key challenges and opportunities in the space, and discuss perspectives for PFM including scale-up of existing activities.

During Q3, following conversations with country managers and USAID missions, HFG finalized the selection of the deep-dive countries, Ukraine and Vietnam, with the option to supplement country responses as needed with higher-level perspectives from core, cross-cutting experts. The team developed interview guides tailored to each context to gather informants' perspectives on common themes, approaches, and lessons learned from implementing PFM activities. In collaboration with HFG country staff, the team identified key informants in both countries, including practitioners at national and subnational levels. The team conducted the Ukraine interviews and is starting the Vietnam interviews. The collected data will be analyzed and supplement the activity mapping conducted in Q2, all of which will be summarized in a short technical brief.

Also in Q3, the team started engaging with the HFG communication team to plan the packaging and dissemination of findings and lessons from this activity. In addition to the brief, HFG will host an online webinar in July with representatives from the deep-dive countries and other global experts to discuss the lessons learned in PFM implementation and the future programmatic agenda.

In Q4, HFG finished key informant interviews with stakeholders in Vietnam and produced a brief for implementers with practical guidance for implementing PFM activities. The brief uses the HFG activity mapping and interview responses from key informants on perspectives and experiences implementing PFM interventions, including key challenges, opportunities, and the way forward. Also, to better align with other end-of-project communication efforts, the team modified its dissemination plan and contributed to the dissemination of HFG PFM products for external audiences by doing additional messages about PFM based on the interview responses

Table 5 provides additional activity-specific updates.

TABLE 5. CROSS-BUREAU ACTIVITY 8 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	CriticalAssumptions/Problems Encountered/Follow-up Steps
Finalize lessons and agenda	HFG used the data collected to draft a brief containing practical guidance gleaned from programmatic lessons learned and an agenda for the future. The brief was internally reviewed for QA and finalized for dissemination..	
Present activity results	The brief and other key deliverables from the activity mapping were distributed to support HFG's email campaign on PFM and disseminate the study findings for both internal and external audiences.	

ACTIVITY 9 *Marshalling the Evidence for Governance Contributions to Health Outcomes*

Activity Objectives - In Year 4, HFG launched a major initiative focused on generating evidence of governance contribution to health system performance. Thematic working groups (TWGs) were formed to compile evidence, both scientific research and tacit knowledge on various themes, listed below. One TWG task was to produce synthesis papers that package the research and field practice on their theme.

- **Public Financial Management:** Planning, budget allocations and execution, internal controls and audit, and domestic revenue mobilization all play a role, from facility to national level, in the quantity of resources available to the health sector and the efficiency and effectiveness with which those resources are spent.
- **Policy and Regulation:** The process of developing, implementing, and overseeing policies in accreditation, quality control, equity and access to services all guide efforts to achieve UHC and access to priority services.
- **Use of Knowledge in Health Systems (UKHS):** Strategies for achieving improvements in health system performance including those that allow for timely feedback about service quality; the transparent generation and use of data and evidence; quick and accurate responsiveness to the needs of beneficiaries; and aligning incentives with improved performance.
- **Health System Accountability:** Accountability mechanisms for health system performance help to ensure the delivery of priority services and the efficient use of health resources. A range of systems, structures, and procedures can promote vertical and horizontal, and internal and external accountability, including the role for citizen voice in promoting greater accountability.

In Year 6, HFG will develop a cross-cutting paper and disseminate the findings from the Marshalling the Evidence for Health Governance papers. In November 2017, USAID and WHO, with support from HFG, will host an event in Washington, DC, for health policy practitioners, researchers, and policy advisors to present the TWGs' findings, review the results, introduce new approaches, and discuss new partnerships and next action steps for health governance activities. In December 2017, the Marshalling the Evidence findings will be disseminated at the WHO-organized UHC day.

HFG will work in partnership with other governance initiatives such as the WHO Health Governance Collaborative to identify and document opportunities to standardize and harmonize more rigorous investment in health governance. HFG will also support knowledge-building through a series of webinars, publishing the four TWG reports and cross-cutting paper, and strategic participation in workshops.

Year 6 Progress - In Y6Q1 (November 14-15, 2017) USAID's OHS and the WHO, with HFG support, hosted an event, "Better Health Governance, Better Health Systems: The Evidence" in Washington, DC. The purpose of the event was to increase awareness and understanding of the evidence of what works and why in how governance contributes to health system performance. This also provided an opportunity to explore the practical implications for policymakers, researchers, managers, and donors in-country. There were three overall objectives:

- Share and discuss the latest knowledge of how strengthening governance can improve health system performance and health outcomes and the synthesis paper of the key findings from the four TWG reports
- Explore how field experience and findings from research can be linked to expansion of interventions to strengthen health governance and its contribution to health outcomes
- Prepare the format for disseminating the key messages to external audience and agree on a set of actions to build a momentum to improve health through stronger health governance

The workshop brought together 35 health and governance professionals including members of the four TWGs, key informants, and other experts representing donors, including USAID, World Bank, and WHO; researchers and research institutions; and health policymakers from country and partner organizations working in the area of health governance.

In Q2, HFG continued to disseminate the findings of this Marshalling the Evidence activity. HFG developed a summary of the key findings of the TWG reports and key messages developed during the November dissemination event; Kelly Saldana, Director of the USAID OHS presented the summary during the UHC Day event held in Tokyo on December 12-15, 2017.

On February 27, 2018, the HFG and the Governance technical segment organized a brown bag event to present the key findings of the PFM and UKHS reports. About 35 people attended the event.

In Q3, HFG hosted a workshop, "Better Health Governance, Better Health Systems: Harnessing the Evidence," in Washington, DC, to present the findings of the TWGs and to develop a civil society advocacy platform to support health governance activities. The workshop objectives included:

- Sharing the findings from the Marshalling the Evidence for Health Governance reports on how strengthening governance can improve health system performance and health outcomes in four areas: accountability, PFM, policy and regulation, and UKHS
- Developing unified communication strategies with civil society to advance improved health through stronger governance

The workshop brought together 18 participants from various organizations and academic institutions including SAVE, World Vision, PATH, CHESTRAD, COREGroup, Johns Hopkins School of Public Health, Management Sciences for Health, ICF/ Maternal and Child Survival Program (MCSP), and HFG.

In Q4, HFG prepared a compendium of all four TWG reports and the synthesis paper; it is available on the WHO and USAID websites. In addition, the team finalized the core messages from civil society on why and how to promote governance approaches for improved health system performance and health outcomes. HFG also hosted a global webinar with civil society groups to discuss ways to promote the governance findings from the Marshalling the Evidence reports.

Table 6 provides additional activity-specific updates.

TABLE 6. CROSS-BUREAU ACTIVITY 9 DETAIL

Year 6 Q3 Planned Tasks	Year 6 Q3 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Dissemination of the TWG reports	Completed	

ACTIVITY 10 *Governance and Quality: Institutional Roles and Relationships to Ensure Service Delivery*

Activity Objectives - In 2015, HFG teamed up with the Applying Science to Strengthen and Improve Systems (ASSIST) Project (University Research Co., WHO, and the Institute for Healthcare Improvement (IHI)) and the JLN to identify different ways that countries promote quality of care through governance structures and functions such as institutional roles and relationships of governing quality stakeholders; use of provider payment mechanisms; and policy, regulatory, and other levers.

In Year 4 (March 2016), HFG engaged in a literature review and the development of country case studies looking at the institutional architecture needed to govern for quality, including the roles, responsibilities, and partnerships needed. HFG, ASSIST, and JLN hosted the Tanzania Product Development meeting with countries seeking to address challenges, as well as "learn-from" countries including select EPCMD/JLN member countries. At this roundtable workshop, we presented and used findings from the literature review and country tacit knowledge to explore strengthening governance to improve quality of care.

In Year 5 (2017), HFG together with JLN and ASSIST and country stakeholders, implemented the activities proposed by the countries themselves at the 2016 meeting. To this end, HFG developed a consensus statement on strengthening governance to ensure quality in the pursuit of UHC. This was developed by participating countries and endorsed by USAID, WHO, JLN, and the member countries of the Community of Practice (COP). HFG supported a COP convened by the ASSIST project, developing content for several webinars. HFG together with country participants developed a guide for structuring roles and responsibilities of payers vis-a-vis other actors in governing quality, e.g., where quality functions are housed, how stakeholders share information and interact, and how to incentivize quality throughout the system. NB: The guide is also informed by qualitative research that a parallel Asia Bureau Activity is collecting, looking at how the Philippines, Indonesia, and Thailand are linking health financing mechanisms with quality. Finally, in HFG, together with country stakeholders, developed a Research Agenda on institutional roles and relationships for governing quality in context of UHC. Research topics were prioritized based on JLN/EPCMD country interest.

In Year 6 (2018), HFG finalized the products developed with country participants in Year 5, after piloting the guide in Ghana with the National Health Insurance Authority (NHIA) and Ministry of Health. HFG broadly disseminated the products. This included working with WHO's Global Learning Lab for Quality UHC (GLL), and holding a half-day public presentation with attendees that included USAID, on the overall Knowledge and Learning (K&L) generated over the last four years on the multifaceted topic of "governing for quality health service delivery." HFG published a technical brief summarizing this K&L for the broader international community. The three HFG products – consensus statement, research agenda, and guide – are on the WHO and JLN websites, and have been disseminated through the GLL and JLN networks.

Year 6 Progress - Finalizing three Year 5 products, i.e., consensus statement, research agenda, and guide. In Y6Q1, HFG hosted a webinar to get country participant feedback on the consensus statement and research agenda. HFG then worked on incorporating WHO and other stakeholder feedback into the final drafts and layout for the consensus statement and research agenda, and developed the dissemination plan and web design for presenting the K&L from this activity to the broader international community, including sharing these important products.

In Y6Q2, HFG circulated the guide for expert review by TRG, WHO, and the JLN. Also, after edits from the consensus statement and research agenda were incorporated, WHO agreed to showcase this document on the GLL platform.

In Y6Q3, HFG finalized and posted to the HFG website the consensus statement and research agenda. It also presented both documents at an event with USAID, WHO, IHI, three country representatives, and other international participants as well as a broad in-person and virtual audience. It pilot tested the guide for structuring institutional roles and relationships in Ghana (see below). In Q4, it will develop a final chapter, on using the guide, incorporating the results of the pilot, and then finish the guide. At the end of Q3, HFG shared both the completed products with the COP for governing to improve quality health services, along with the draft guide for any final comments or clarifications.

In Y6Q4, HFG finalized and disseminated the guide, as well as a Ghana workshop report for Ghanaian stakeholders. HFG also developed and published a technical brief on governing to improve quality health service delivery, highlighting the learnings from this entire multi-year activity.

Piloting the guide. In Y6Q2, HFG agreed with USAID/Ghana to pilot the guide in Ghana. HFG developed the brief concept note for the activity, along with the timeline for hosting the desktop activity and gathering inputs on the utility of the guide and areas for improvement. In Q2, HFG had multiple conversations with the USAID Ghana mission and Ghana NHIA stakeholders to plan for the pilot of the guide. HFG also discussed how to feasibly work with the JLN and IHI on the pilot in Ghana, and use the lessons from the pilot to develop an Action Brief, showcasing learning in action, for WHO's GLL.

In Q3 (June 20-21), a team of HFG experts facilitated a meeting of the Ghana National Quality Strategy Steering Committee (NQSSC) to map the institutional arrangements for linking finance to quality, agree on "pain points" (what isn't working well), identify strategies for strengthening governance to improve the quality of care, prioritize actions, and develop an implementation plan. The timing of the pilot, given the current state of health reform, was good as there is a high likelihood that the results of the meeting will be incorporated into the work of the steering committee and its members. The Ministry of Finance representative who attended the meeting commented on the timeliness of the pilot to feed into prioritization for the budgeting process. The meeting also served to pilot the guide to defining institutional arrangements. The results of the pilot were incorporated into the guide in Q4.

K&L event in Washington, DC. In Y6Q3 (June 5, 2018), HFG, in collaboration with ASSIST, JLN, and the WHO, held a special learning event entitled "Smoothing Painful Bumps on the Path to Universal Health Coverage: Strengthening Governance for Quality Care." The objectives of the event were to share what we know on governing for quality care, including the institutional roles and relationships, and promising practices, and to share what we have learned on areas of further investment for development partners and countries to strengthen governance, for the greatest impact on quality improvement. To this end, it showcased findings from three years of collaborative work on strengthening governance to improve quality of health service delivery.

Opening remarks, which highlighted the importance of governance to quality health services, were provided by Jodi Charles, Sr. Governance Advisor with USAID, and Shamsuzzoha (Shams) Syed, WHO, who spoke via livestream from Geneva. Opening remarks were followed by two panel discussions. The first panel focused on country experiences in governing for quality from Ghana, Uganda, and several Far East Asian countries (related to ongoing USAID Asia Bureau-funded research). The second panel focused

on recommendations for key investments that are still needed to strengthen governance for quality improvement; it was led by international experts, including representatives from the Mexico Ministry of Health, IHI, and Results for Development (R4D). More than 50 people attended the event in person, and another 80 joined online via YouTube, where the recorded session is still available for viewing.

Technical brief. In Y6Q4, the HFG team finalized a technical brief summarizing our learning from this activity. We broadly disseminated products through the JLN and WHO's GLL.

Q4 Additional Information - Dr. Adam Koon, Associate, Dr. Peter Vaz, Principal Associate, and Saiqa Panjsheri, Associate, joined this activity in Q3 to support both the K&L event in Washington, DC, and the Ghana pilot and dissemination events.

Table 7 provides additional activity-specific updates.

TABLE 7. CROSS-BUREAU ACTIVITY 10 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Provide technical assistance to one EPCMD country (TBD) to implement lessons from the guide to improve quality through changes/enhancements to the roles and responsibilities of institutions governing quality	Completed in Y6Q3. Final workshop report shared with Ghanaian stakeholders in Q4.	
Develop guide linking financing mechanisms to quality	Completed and disseminated in Y6Q4.	
Publish summaries of learning from this activity, including at least one blog and one technical briefing	Blog completed in Y5Q4. The technical brief developed and published in Y6Q4.	

ACTIVITY 11 *Promoting Effective Oversight of the Response to Priority Health Challenges through Standing Committees on Health: Increasing Parliamentary Oversight of EPCMD Programming*

Activity Objectives - HFG's work to develop an entry point mapping tool (guidelines) to aid civil society organizations (CSOs) focus advocacy efforts to the right audience at the right time identified parliamentary committees as a key stakeholder. In many EPCMD priority countries, standing committees for health play a significant role in reviewing health budgets and overseeing implementation of health priorities. More effective CSO engagement can lead to more evidence-based decision making and targeted oversight. However, CSOs often do not understand how standing committees operate, including how to monitor committee performance and contribute to their review of budgets and policy.

In Year 5, with the remaining pipeline, HFG completed and formatted the Civil Society Entry Point Mapping Tool and an associated brief for Members of Parliament. An analysis of countries for the pilot was sent to the AOR team. In Year 6, HFG will complete and document the pilot.

Year 6 Progress - In Q1, HFG submitted the formatted versions of the tool and brief to the AOR team along with an analysis of countries to pilot.

In Q2, HFG completed an addendum to the tool oriented to MCH organizations seeking to advocate to parliamentary standing committees on health. HFG finalized plans to pilot test the guidelines in Afghanistan in early Q3 – a short window of opportunity after the selection of new commissions and before a prolonged Ramadan break. Afghanistan's Commission on Health, Sports, Youth, Labour and Workers will host the HFG workshop to develop a plan to oversee programming to reduce maternal and child mortality as part of their regularly scheduled commission meetings. HFG will also present the Entry Point Mapping Tool addendum to a CSO coalition advocating on MCH issues.

In Q3, delays in Mission approvals forced cancellation of the pilot. With the end of the project fast approaching, there was no time to explore other pilot venues. The team started networking with other maternal health programs, including a DFID-funded activity in Uganda, to disseminate the HFG tool.

Q4 Challenges - Mission delays in approvals forced the cancellation of the proposed pilot in Afghanistan. DAI plans to share the tools with the Afghanistan Mission through other USAID bilateral programming, keeping the HFG AOR team informed. DAI is also sharing the toolkit with other DFID-funded programming to find future opportunities for piloting.

Table 8 provides additional activity-specific updates.

TABLE 8. CROSS-BUREAU ACTIVITY 11 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	CriticalAssumptions/Problems Encountered/Follow-up Steps
Develop guidelines for CSOs to engage with parliament on EPCMD oversight and sustainable funding	Guidelines completed.	

ACTIVITY 12 *Stimulate USAID Field Research into Advancing Universal Health Coverage and Results-based Financing*

Activity Objectives - This activity aims to give USAID missions and country counterparts a deeper understanding of the value of research to advance UHC and results-based financing (RBF) and of how to integrate research in this context. In Year 5, this was done by producing two technical briefs to share lessons from Asia Regional Bureau-funded IR on UHC initiatives in Myanmar and Indonesia. In Year 6, a third brief was produced. The briefs document the experiences of these two countries in testing IR methodologies. HFG disseminated lessons globally by posting the briefs to the HFG website and through other channels.

Year 6 Progress - The third brief was finalized in Q3 and presented at a meeting with USAID organized by the Asia Bureau on July 11, 2018. The meeting focused on lessons learned from HFG's work on IR for UHC in Indonesia and Myanmar, considering their different placements on the trajectory toward UHC. All three briefs in the series were disseminated at the event and are now on the HFG website.

The activity is complete.

ACTIVITY 13 *Following the Money: Resource Tracking for Improved Resource Allocation to Priority Services*

Activity Objectives - In Year 6, HFG will continue to focus on strengthening country capacity to use resource tracking data to take decisions and actions that accelerate progress toward EPCMD, and achieving an AIDS Free Generation and financial sustainability. HFG will continue its efforts to streamline the Health Accounts data production, institutionalize resource tracking (and SHA 2011 in particular), and promote Health Accounts data use in developing countries.

The Year 6 objectives of the Resource Tracking portfolio are as follows:

- Raise awareness about the value of resource tracking and about the different resource tracking methodologies. This will be achieved through guidance for countries on considerations for choosing the most appropriate methodology and a series of webinars to share lessons learned from using the different resource tracking methodologies, and data production and use.
- Refine/simplify tools to support country-led resource tracking, including continued updates to the Health Accounts Production Tool (HAPT) and develop in-country capacity to conduct SHA exercises.

Year 6 Progress - In Q1, a draft of the resource tracking guidance was finalized and shared with key stakeholders (including WHO, World Bank, UNAIDS, and USAID) for feedback in Q2. The first webinar, scheduled for March, was in preparation and the team identified potential country panelists. HFG worked with WHO to host the webinars through the Health Data Collaborative's Health Systems Monitoring Technical Working Group (TWG). HFG awaited WHO's decision on how to move forward with HAPT updates.

In Q2, HFG's first in the series of resource tracking webinars was a success. The first webinar focused on country experience and lessons learned about using health expenditure data to impact health policy, and HFG shared global lessons from our experience in this area. Over 90 people from across 22 countries tuned in and gave very positive feedback. Final changes were made to the resource tracking guidance, which will be disseminated in the next webinar.

In Q3, HFG finalized and disseminated the resource tracking brief. It content was the subject of HFG's second resource tracking webinar, on how to choose the right resource tracking methodology in a given country context. This second webinar was also a success, with 66 attendees from over 25 countries. A first draft of the guide on how to sample organizations for data collection and weight health spending was developed.

In Q4, the Resource Tracking team closed out their successful webinar series with the third and final webinar on streamlining the production of resource tracking data. Across the series, 220 participants from across the globe tuned in live to the webinar series (with many more listening to the webinar recordings).

The team also finalized guidance on distribution keys and sampling and weighting. This was intended to improve the quality of resource tracking data by increasing technical teams' understanding of the implications of different sampling and weighting methods, and by developing a template for calculating distribution keys. The team finalized an investment guide that summarizes HFG's observations in institutionalizing resource tracking and potential future investments to accelerate institutionalization.

Table 9 provides additional activity-specific updates.

TABLE 9. CROSS-BUREAU ACTIVITY 13 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Publish resource tracking investment brief	HFG finalized the brief in Q4 and will distribute it to the resource tracking community via the EZCollab site. The brief recommends potential investments in health resource tracking to accelerate institutionalization.	
Publish resource tracking brief	After completing the brief in May, HFG disseminated it on the HFG website and circulated it to key stakeholders.	
Support Health Data Collaborative's TWG	On August 9, 2018, HFG hosted (in collaboration with the Health Data Collaborative's Health Systems Monitoring TWG) the last of three webinars on resource tracking. The webinar, Streamlining the Production of Health Expenditure Data, was led by panelists from the Benin Ministry of Health, WHO, and HFG. Over 60 participants from 16 countries joined the discussion.	The recordings of all three webinars are available on the Resource Tracking webpage: https://www.hfgproject.org/resource-tracking-events/
Production Tool support to WHO		
Improve the HAPT software	HFG developed two short technical guides for Health Accounts technicians, one on data sampling and weighting and one on steps to calculate distribution keys. These guides are stand-alone products but also could be integrated into the HAPT.	The guides were disseminated through the online EZCollab Health Accounts community.

ACTIVITY 14 *Support for Essential Packages of Health Services for UHC*

Activity Objectives - Priority setting is critical for governments that seek to promote equitable access to health care. An essential package of health services (EPHS) is a policy mechanism for a government to legally prioritize certain health services. An EPHS comprises those health care services that a government is providing or is aspiring to provide to its citizens in an equitable manner. Another way that governments prioritize certain health services is through a health benefit plan (HBP). A HBP is financed, at least partially, with public resources and provides financial protection to the covered population for an explicit list of services.

In Year 3, HFG completed a series of country snapshots and a cross-country analysis on the extent to which the EPHS in EPCMD countries includes priority reproductive, maternal, newborn, and child health (RMNCH) services. In Year 4, HFG built on this work by 1) mapping EPHSs to HBPs, such as those found

in a government-sponsored health insurance scheme, and 2) conducting in-depth qualitative research in Ethiopia and Tanzania on how an EPHS is used to develop and update a HBP. The Year 4 analysis shows that while some governments appear to align certain HBPs with the EPHS, this is not true all the time. There may be other ways the government is working to strengthen implementation of the EPHS aside from aligning it with HBPs.

In Year 5, HFG finalized the suite of activity outputs to date, including 18 country briefs that compare EPHS and HBPs in each country, and a cross-country synthesis report that summarizes findings across EPCMD countries. HFG had also proposed to select up to three USAID priority countries that have defined UHC roadmaps and assist their ministries of health to map health systems initiatives to the country's EPHS. However, the countries HFG selected ultimately determined that the proposed work should not be conducted. As a result, HFG instead focused on disseminating existing work under this activity. It presented findings on how essential packages of health services in 24 EPCMD countries and HBPs have evolved and the degree of alignment they have with one another. HFG's Jenna Wright, Adam Koon, and Jeanna Holtz also presented a technical briefing to an in-person audience of 35 at USAID's Global Health Office and more online. Lastly, HFG began work to clarify the scope and plan for Year 6 on comparing approaches to investigate how HIV/AIDS services are integrated into national EPHS programs.

In Year 6, HFG will compare various vehicles (such as the EPHS or HBPs) for covering HIV/AIDS services in four EPCMD and AIDS Free Generation countries with the aim of understanding the transition from donor-led to country-led financing and programming of HIV/AIDS services. To do this, HFG will conduct case studies that attempt to answer the following questions:

- How integrated within the existing health system is the country-led HIV/AIDS response?
- What are the key decision points countries use to move toward integrated financing of HIV/AIDS services with other essential services?
- Where are emerging opportunities to facilitate integration of HIV/AIDS financing with financing of other essential services?

HFG will analyze findings across study countries to identify integration strategies and best practices for advocacy applicable to other countries transitioning to increased country funding for their HIV/AIDS response.

Year 6 Progress - In Q1, HFG selected the four case study countries in consultation with USAID: Ghana, the Dominican Republic, Namibia, and Vietnam. The case studies will look at integration of HIV services in the systems and processes that govern/manage/finance/deliver other essential services in the country. HFG developed the conceptual framework and study protocol, and submitted the required consent form for IRB approval.

In Q2, HFG substituted Cambodia for Ghana after the Ghana Mission declined this activity because the staff were overwhelmed with other activities. HFG completed the literature reviews for the (three original and one new) countries and began drafting the list of interview participants for each country. The team also developed a common framework and interview guide.

In Q3, HFG conducted most (approximately 90 percent) of the key informant interviews and began to analyze the findings. The team drafted an outline for the paper.

In Q4, HFG completed the key informant interviews, analyzed the findings across the four countries, and drafted the report. The report makes a comparative assessment of systems-level integration of the national HIV/AIDS response; the four country cases studies are included as annexes.

Table 10 provides additional activity-specific updates.

TABLE 10. CROSS-BUREAU ACTIVITY 14 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Write technical report summarizing findings from literature review and interviews	Completed	

ACTIVITY 15 *Revision of USAID's Health Systems Assessment Approach*

Activity Objectives - In Year 6, in preparation to finalize and disseminate the revised Health Systems Assessment Approach (HSAA) Manual Version 3.0 as a user-friendly tool, HFG will utilize a human-centered approach (HCD) to learn more about how user groups want to use the HSAA manual. This learning phase will allow us to determine 1) who our primary user groups are and how they use the manual, and 2) if we are missing target users and why. Finally, we will apply these learnings to an update aimed at moving the manual into a web-based platform, where we can continue to gather data about users and user preferences. Also, in collaboration with USAID and WHO, HFG will host the second UHC2030 Technical Working Group on Health Systems Assessments and use the platform to test a prototype of the virtual platform.

With technical assistance from TRG, the HSAA manual will be inputted into a web-based e-learning platform, using a product called Articulate Rise. Few if any content changes will be made; instead, the update will focus on creating basic user interactions throughout the manual, e.g., adding checklists, multiple choice questions, flip charts, interactive menus/links, interactive images, process maps. Taking the HSAA manual into a web-based platform allows us to gather data on use through Google Analytics. Ideally we would also upload the manual into a Learning Management System, such as USAID's K4Health Global Health Learning Center and/or USAID University (users with USAID.gov emails only), where additional data on users and how they interact with the manual can be collected and analyzed for future adaptation. Uploading the web-based manual into one of these larger learning management systems would also ensure a location for the HSAA manual to live online, beyond the life of the HFG project, when the HSAA and the HFG websites will come down.

Year 6 Progress - In Q1, HFG worked closely with USAID and internal HCD experts to discuss applying HCD principles and methodologies to the revised HSAA Manual in order to increase accessibility and drive country demand. HFG held several meetings to define the goal and scope of this Year 6 task, and is currently preparing for HCD-driven immersion sessions in select USAID countries with end-users. During this quarter, HFG also further examined how to utilize the Articulate Rise platform for the manual purposes, and are currently working on creating prototype for iterative testing.

In Q2, HFG developed an Articulate Rise prototype with select sections of the HSAA Manual and held several HCD-driven immersion sessions and interviews to solicit input on the accessibility and usability of the new platform for the manual. The sessions targeted user groups that have experiences working in ministries of health and/or have used the tool previously. These sessions will continue in Q3 with other sets of user groups and inform the development of HSAA Manual website.

During Q3, HFG further built out the Articulate Rise platform and finished populating the website with the sections and modules of the HSAA Manual. The team conducted an internal QA review of the final website to ensure the appropriate migration of technical content from the paper based manual to the new digital platform as well as the usability of the new packaging of the information.

Also in Q3, HFG engaged with USAID to start planning and coordinating the dissemination of the final HSAA Manual. HFG drafted and submitted a dissemination plan for approval; the plan included a webinar, a social media kit, and a brief promotional video.

In Q4, the final web-based, mobile-friendly HSAA Manual version 3.0 went live on the HFG website. HFG also collaborated closely with USAID to host a webinar with a panel of health systems experts that covered the latest updates and the different applications of the tool.

The activity is complete.

ACTIVITY 16 *Mobile Money for Health for Health*

Activity Objectives - Cash payments in the health system are susceptible to security risks, fraud, and leakage. Processes for paying health worker salaries, and paying out incentives in a timely and safe manner, are cumbersome, and can carry expensive administrative burdens. Moreover, those without access to bank accounts (75 percent of the world's poor) are burdened by the inability to securely save money, access credit, or pay for health insurance. Mobile money services are emerging throughout the developing world as a banking alternative, and offer promising benefits for health systems.

Mobile money can strengthen health financial systems with improved efficiency, accountability, and transparency, but there is limited information about its potential benefits, barriers, and opportunities within health programs.

In Year 4, HFG's mobile money team promoted knowledge and learning through publication and dissemination of 1) a landscape report analyzing mobile money options to strengthen RBF program in Senegal; 2) a compendium of case studies featuring 14 use cases highlighting benefits and challenges implementing mobile money in health programs; and 3) e-newsletters highlighting applications trends, and events relevant to mobile money in health. Efforts were also undertaken to plan, convene, and execute a global meeting of digital finance experts, which ultimately did not take place due to shifting USAID priorities.

In Year 5, HFG published a brief on lessons learned supporting integration of digital financial services (DFS) in health, and helped to organize and present at an internal brown bag at USAID for 50 participants on the topic.

In Year 6, HFG will continue its collaboration with other DFS stakeholders to synthesize HFG's knowledge products and promote opportunities for DFS in health, including providing inputs to Global Development Lab's publications and events and co-authoring at least two blogs with World Bank's Consultative Group to Assist the Poor (CGAP) program. CGAP is a global partnership of more than 30 leading organizations that seek to advance financial inclusion through practical research and active engagement with financial service providers, policymakers, and funders. Its Executive Committee consists of representatives from the Gates Foundation, USAID, AFD, GIZ, and the European Commission as well as major banks and service providers.

Year 6 Progress - In Q1, HFG continued its efforts to promote use of DFS to strengthen health system efficiency, transparency, and accountability. At the request of the Global Development Lab, HFG served as reviewer in early November of a draft paper produced by the mSTAR project to engage global health stakeholders on the topic of DFS. HFG comments focused on the need to better link the benefits of DFS with specific health objectives in order to attract more internal Mission-based champions. The mSTAR paper is still in development.

On December 12, HFG's Pamela Riley posted a blog co-authored with World Bank's CGAP. The blog was CGAP's first publication dedicated specifically to applications of DFS in the health sector. The blog, aimed at DFS communities of practices, synthesized HFG's body of work, including its Case Compendium, Lessons Learned brief, and enewsletters and other products, to promote the uptake of DFS in health programs. HFG will contribute two more blogs in Q2, on the topics of mobile insurance, and mobile savings and remittance applications.

In Q2, HFG continued its knowledge management activities to promote learning about what works and why to integrate DFS in the health sector. Pamela Riley and her CGAP colleagues began authoring the second of the three blogs on health sector utilization, benefits, and challenges. This blog will feature m-TIBA, a promising, innovative national-scale partnership in Kenya that bundles a number of mobile-enabled savings, credit, and insurance services to consumers. The platform combines a digital health savings account, access to credit for health services, and a micro-insurance service.

Additional knowledge-sharing opportunities were provided at USAID's one-day (March 9) event "Digital Development: the Next 10 Years." Pamela Riley participated in a panel session on DFS, and shared HFG's body of learning about barriers to health sector use of DFS and promising opportunities for expansion.

In Q3, HFG continued its efforts to promote use of DFS to strengthen health systems, and support USAID's leadership on this topic. HFG has been meeting with the newly hired OHS Global Fellow Amani M'Bale, who is responsible for promoting DFS among global health staff in Missions and Bureaus. HFG's body of work, including its DFS in Health case compendium, assessments, and enewsletters, will serve as a useful baseline for advancing integration of DFS in health programs. HFG has also pointed to USAID's growing body of resources promoting digital financial inclusion across all sectors, such as its June 2018 publication *The Future of Supply Chains: Why Companies are Digitizing Payments*, published by the Better than Cash Alliance. While not specifically focused on health, the key findings are applicable to strengthening health supply chains where DFS could help to smooth transactions among diverse stakeholders such as insurers, pharmaceutical companies, distributors, and service delivery points.

HFG also completed a draft of its third blog produced in conjunction CGAP staff, focused on different models of mobile-based health insurance products that seek to expand insurance coverage in low-income settings. Publication of the blog was delayed by staff transitions at CGAP, which are expected to be resolved shortly. HFG expects the blog to be published in July on CGAP's list serv, which reaches a broad cross sector of experts in digital financial inclusion across multiple donor communities.

In Q4, HFG concluded its six-year effort to promote use DFS to strengthen health systems, and to support USAID's leadership on this topic. Three activities focused on continued knowledge sharing and dissemination to USAID stakeholders. First, a blog co-authored by World Bank and HFG is scheduled for publication in mid-September on digital credit and savings, for distribution to CGAP's digital inclusion community. Second, at the request of OHS digital finance lead, HFG provided review and recommendations for a draft USAID implementation guide for health practitioners to incorporate DFS. The guide, designed for Missions and implementing partners, is scheduled for publication in autumn 2018. Finally, HFG was invited by the President's Emergency Plan for AIDS Relief (PEPFAR) to contribute to a brainstorming session on barriers and opportunities to increase health savings for HIV care through digital channels. Each of these activities builds upon HFG's body of knowledge on DFS in health.

Table 11 provides additional activity-specific updates.

TABLE 11. CROSS-BUREAU ACTIVITY 16 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Knowledge dissemination to advance understanding of mobile money in health	HFG co-authored a blog with World Bank/CGAP on digital credit and savings applications in Kenya. HFG also provided review and recommendations for an OHS guide on DFS for Health Practitioners. Additionally, HFG conferred with PEPFAR/Office of HIV/AIDS on considerations for increasing health savings for HIV care through digital channels. These activities conclude HFG's broad efforts to promote use of DFS in health to improve efficiency, accountability, and risk protection.	

ACTIVITY 17 *Enabling Conditions for Strategic Health Purchasing*

Activity Objectives - Making progress toward UHC is costly, particularly as coverage expands to populations with higher health needs, utilization of services increases as financial access barriers are reduced, and new technologies and infrastructure to keep up with demand drive up costs further. As countries move toward UHC, they continue to struggle to afford sustaining current coverage rates relative to population growth, let alone expanding access to better quality health services.

When countries face these challenges, they typically have three options: (1) increase revenues; (2) cut costs by limiting coverage, such as reducing the benefits package either explicitly or implicitly (underfunding inputs) and increasing cost sharing; or (3) increase efficiency in the use of funds.

Global experience shows that option 1 is limited by the fiscal capacity of the government. Option 2, if taken alone, will decrease financial protection and reduce coverage and access. Some combination of the three options is almost always necessary.

One way to increase efficiency is through strategic purchasing. Strategic purchasing by a payer (i.e., a government agency, a public or private insurance organization) means active, evidence-based arrangements to pay service providers to increase efficiency, productivity, and quality. Strategic purchasing can influence service mix and volume, provider location, provider mix, rational use of technology, and pricing to reduce waste, cost escalation, and shift resources to more cost-effective service delivery.

Many LMICs are interested in strategic health purchasing (SHP) and have invested in steps such as feasibility studies, buying software, and pilot projects with mixed results (South Africa, Ghana). Often, insufficient attention is paid to the environmental conditions, institutional structures, roles and relationships, operational systems, and capacities needed to effectively apply strategic purchasing in health systems.

There are notable efforts to address this gap in country capacity to pursue SHP. Led by SHP expert Dr. Cheryl Cashin, HFG proposes a Strategic Health Purchasing Maturity Framework of functions and set of

activities that country policymakers, government organizations, the payer, the provider, and various other organizations would need to exercise competently for the country to advance over a five-stage process. The framework reflects extensive field work in several countries and was created in collaboration with the Bill and Melinda Gates Foundation. It attempts to both help countries identify current gaps in strengthening SHP and lay out the fundamental functions that need to be allocated to the appropriate institutions and strengthened.

HFG will map a series of countries with advanced SHP systems (the Netherlands, Germany, Canada) using the Strategic Health Purchasing Maturity Framework to 1) define what maturity looks like across the functions presented in the model, and 2) identify the evolutionary stages along the pathway to that maturity for each country. Based on this exercise, HFG will modify the maturity framework and finalize a product that shares the fundamental functions of SHP and describe what maturity looks like in three contexts. The product will seek to highlight country sequencing of changes on the path to mature SHP. Ultimately, we hope to provide LMICs undertaking SHP reforms succinct and useful information.

HFG then will review two countries engaging in SHP reforms using the Strategic Health Purchasing Maturity Framework. Two SHP global experts, Ms. Sheila O'Dougherty and Dr. Tihomir Strizrep, will inform this review for Tanzania (Ms. O'Dougherty) and South Africa (Dr. Strizrep). We will conduct semi-structured interviews with each of them to describe the current maturity of each function, and identify areas where progress has stalled, priority areas for improvement, and possible steps to address the gaps using lessons from the mature countries analysis. We then will validate the results and a draft policy brief (for each country) with a few key country stakeholders before finalizing the briefs.

Our overall objective for the activity is to provide useful and succinct information for policymakers to understand the fundamental functions for SHP and learn from the mature country examples on the progress from input-based to increasingly output-based health financing mechanisms. Countries engaging in SHP will gain insight into sequences reforms and establishing the institutional arrangements, systems, and capacities required to effectively implement strategic purchasing in country health systems.

Year 6 Progress -

- ***Initiating the activity.*** In Y6Q1, we began developing the final work plan, resourcing the activity, and brainstorming around the structure of the analytical frame for the paper.
- ***Quality at Entry kick-off meeting.*** In Q2, HFG assembled the activity team and hosted a Quality at Entry activity kick-off meeting to discuss and finalize activity objectives, processes, and next steps. The meeting outcomes included revised and more clearly defined activity objectives and descriptions, a research methodology that included team roles and responsibilities, identification of countries to focus on in each phase of research, a literature review data collection instrument, and a list of potential final deliverables for each phase.
- ***Three-country mapping of mature strategic health purchasing.*** Also in Q2, HFG began using the literature review data collection instrument and the European Observatory on Health Systems and Policies Health System Reviews (HiTs) to map the experience of the Netherlands, Germany, and Canada in implementing SHP to Dr. Cashin's Strategic Health Purchasing Maturity Framework. These countries were identified as mature systems with sufficient literature to allow for in-depth analysis and mapping of their processes. The results of this exercise will be used as case studies in the product.
- ***Revising the maturity framework.*** In Q3, after reviewing findings from the three-country mapping exercise, team members revised the maturity framework. The revised framework reflects a more comprehensive though still succinct review of the fundamental functions, processes, and arrangements identified as key steps in moving toward SHP.

- ***Developing a timeline and filling knowledge gaps.*** Also in Q3, team members began developing timelines for the three countries that will be used to supplement the three mature SHP case studies presented in the product to demonstrate sequencing and a timeline for ongoing SHP reforms and improvements.
- ***Finalizing the framework, case studies, and final report.*** In Q4, the team applied the revised framework to three country examples. Based on findings from the revision exercise, HFG decided to apply the revised framework to three countries at various stages of maturity (German, Canada, and Tanzania). Semi-structured interviews were conducted with Ms. O'Dougherty and Dr. Strizrep, as well as Mr. James White and Mr. Chris Lovelace, to guide the case studies. By the end of Q4, the Strategic Health Purchasing Maturity Framework report will have been finalized and disseminated on the HFG website.

Q4 Challenges - Scheduling delays made it unlikely that HFG will be able to do broad dissemination activities for this report. However, HFG will work with R4D and the JLN, including the new JLN coordinator, Management Sciences for Health, to determine if the final report can be posted on the JLN website. We also will explore dissemination through WHO.

Q4 Additional Information - Experts Sheila O'Dougherty, Tihomir Strizrep, Chris Lovelace, and James White joined as technical contributors for select case studies.

Table 12 provides additional activity-specific updates.

TABLE 12. CROSS-BUREAU ACTIVITY 17 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Apply maturity framework to three country currently engaged in improving SHP, including Germany, Canada, and Tanzania	Conducted semi-structured interviews with country experts and used their input to complete the revised framework for each, and include final version in report.	
Finalize and disseminate Strategic Health Purchasing Maturity Framework paper with case studies	The report containing the revised framework and three-country case studies was completed and disseminated.	

ACTIVITY 18 *Health Financing in the Age of Sustainable Development Goals: Bringing Back a Pro-poor Lens*

Activity Objectives - HFG will review global health financing reforms in LMICs over the past 20 years through a pro-poor lens, assessing the extent to which these reforms have focused on and benefited the poor. HFG will organize the review around revenue generation (is it progressive?), pooling (are the poor benefiting from financial protection?), and purchasing (are health purchasing modalities effectively targeting and reaching the poor?). The analysis will include a review of the literature, HFG and predecessor projects' work, and World Bank-funded investments, among others. Finally, HFG will draw lessons from these experiences to bring forward into the Sustainable Development Goals era, make recommendations for policymakers, and suggest approaches for monitoring future financing investments from an equity perspective.

Year 6 Progress - In Q1, the scope of work was finalized and research began. A literature review was conducted in Q2 but results were not comprehensive. Therefore a more rigorous review began in Q3 using an additional literature database, and an additional member was added to the team to ensure timely completion of paper. The literature review was completed in Q4.

Table 13 provides additional activity-specific updates.

TABLE 13. CROSS-BUREAU ACTIVITY 18 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Write manuscript for publication	Literature review completed and draft underway.	Paper to be completed before end of project.

ACTIVITY 19 *Social Health Insurance in the 21st Century*

Activity Objectives - Social health insurance (SHI) is an invention of the 19th century, but in the last 20 years, it has experienced a rebirth in Eastern Europe, Asia, and Africa with a push for traditional formal sector employment-based systems. These new SHI interventions are unfortunately ignoring the hard-learned lessons from Western Europe and Latin America, which rejected the traditional SHI model and opted for important changes: (i) many West European countries have dropped the heavy dependence on labor (payroll) taxes, opting instead for the more economically efficient general revenue taxes; (ii) in Latin America, countries have recognized the inequitable and inefficient fragmented approach to traditional SHI and are supplementing labor taxes with general revenue taxes to subsidize the poor and those in the informal sector.

HFG will prepare a manuscript for publication that summarizes these global trends and, drawing from the published and gray literature, outlines core lessons learned from countries that have modified their approach to SHI. The paper will describe key principles essential to the design of SHI systems to avoid the inefficiency, fragmentation, and inequity experienced by traditional payroll-tax based insurance schemes for formal sector workers.

Year 6 Progress - The scope of work was finalized in Q1, including an extended design phase that includes a Quality at Entry process. In Q2, the team conducted a review of over 40 countries and began analyzing the resulting information. In Q3, the team met with USAID to discuss preliminary findings and gain input on how to best disseminate to front-line staff. In Q4, the team shared a draft with USAID, and it finalized the paper incorporating USAID feedback.

Table 14 provides additional activity-specific updates.

TABLE 14. CROSS-BUREAU ACTIVITY 19 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Write manuscript for publication	Draft shared with USAID and revised based on USAID feedback.	
Conduct dissemination activities	Dissemination to USAID stakeholders occurred through multiple meetings including one in Crystal City.	

ACTIVITY 20 *Applying Political Economy Analysis to Health System Reform*

Activity Objectives - Health systems strengthening comprises a wide range of financing, governance and organizational/structural reforms (i.e., health financing strategies, HBP definition, Ministry of Health restructuring, and task shifting) that require cabinet or legislative approvals, or significant local stakeholder buy-in. Recently, donors and donor-funded programs have begun to introduce political economy analysis (PEA) as a tool to test the feasibility and sustainability of proposed reforms – avoiding potentially unviable options and assessing the political will of the range of policy stakeholders. HFG will review how PEA is being applied to the design and implementation of health system reforms and how it is having an impact on the behavior of local institutions and stakeholders.

Year 6 Progress - HFG initiated work during Q2. It did a preliminary literature review and completed a research plan and initial team assignments. The activity team developed a database framework, and through online research and networks identified 35 potential projects and activities that utilized PEA or related tools and methodologies to do health systems strengthening. The team prioritized countries and programs, gathered documentation, and developed a list of potential interviewees and interview guide for a round of key informant interviews targeting USAID and select DFID-funded programs, to begin in Q3. The activity team will integrate feedback from the AOR team into the interview guide.

In Q3, the HFG team completed the database of health sector PEAs, and conducted key informant interviews with USAID- and DFID-funded programs.

In Q4, the team completed the draft policy brief and submitted it to the AOR team. After incorporating team feedback, the team finalized the guide.

Table 15 provides additional activity-specific updates.

TABLE 15. CROSS-BUREAU ACTIVITY 20 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Conduct review of health sector PEAs	Review Completed.	
Draft policy brief	Policy brief completed	

ACTIVITY 21 *What Makes Domestic Resource Mobilization Work for Health?*

Activity Objectives - There is is minimal evidence that increases in domestic resource mobilization (DRM) will necessarily lead to increases in spending for social sectors, such as health. Beyond trying to get a bigger piece of the pie, countries have tried a variety of mechanisms to ensure that increases to overall DRM leads to increased allocations to the health sector. Some countries use earmarks in their budgets though public finance economists typically resist recommending budget rigidities such as earmarks. In other contexts, like Lagos State, Nigeria, a law on earmarks was created without the mechanics to administer the new funding leaving it open to mismanagement. This activity builds upon and consolidates learning from previous HFG activities to provide a synthesis of the evidence of the relationship between overall increases in DRM to increased spending in the health sector.

Year 6 Progress - In Y6 Q1, the scope of work and work order were both finalized.

In Q2, the outline and research database were completed and discussed with the team, and the revised outline was sent to USAID for discussion and approval. Additional research and drafting will wrap up in April and key informant interviews and finalization of paper will be scheduled and completed in April through mid-May.

In Q3, the HFG team prepared a draft of the policy brief, and submitted it for feedback. Based on a discussion with HFG QA, the team revised the policy brief outline.

In Q4, the team drafted the policy brief. After feedback from the HFQ QA advisors, the team completed the policy brief

Table 16 provides additional activity-specific updates.

TABLE 16. CROSS-BUREAU ACTIVITY 21 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Conduct review of PFM mechanisms	Review completed.	
Draft policy brief	Policy brief completed	

ACTIVITY 22 *Institutional Capacity Building Lessons Learned*

Activity Objectives - HFG's institutional capacity-building (ICB) work can be divided into two broad areas. The first area is to develop foundational institutional capacity – i.e., vision, strategy and planning, structure, roles and responsibilities, performance management, stakeholder engagement – that enable an organization to carry out its core functions. The second area is to build institutional capacity to sustain technical streams of work such as health accounts, health insurance, and DRM. In these activities, ICB interventions include, for example, training, development of systems and procedures, assuring adequate staffing, clarifying roles and responsibilities, and engaging stakeholders.

This body of work will be used to document the impact and the lessons learned from HFG's ICB work globally. Findings will generate practical guidance for ICB activities, helping to ensure that ICB efforts are successful and sustainable in strengthening health system governance and management. Ultimately, improved health system governance and management lead to improvements in the quality of essential health services and UHC

Year 6 Progress - Planning began in Q1; it comprised the selection of countries, a kick-off meeting with the two consultants carrying out the work, the development of data collection protocols, and initial steps to set up the interview schedule. In Q2, the consultants conducted all interviews for the 12 study countries, analyzed the data, determined the lessons, and initiated writing the brief. In Q3, the report was drafted and internally reviewed, and in Q4, it was edited, formatted, and disseminated.

Table 17 provides additional activity-specific updates.

TABLE 17. CROSS-BUREAU ACTIVITY 22 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Write lessons learned document	Completed	

ACTIVITY 23 *HFG Knowledge and Learning*

Activity Objectives - Supported by USAID cross-bureau, directed core, and mission funds, HFG has engaged in a diverse array of K&L-related activities across contexts and its IR areas of health finance, governance, operations, and health systems measurement over the life of the project. Some K&L activities have taken the form of formal research; others synthesize knowledge or develop conceptual frameworks, to guide country work or to be shared with a global audience. Still other activities are primarily operational, and country- or context-specific, but offer lessons about best practices in HSS.

In Year 5, HFG produced a series of K&L technical briefs that contain key lessons learned for nine knowledge areas: (1) Developing and reforming health financing strategies for UHC, (2) Strategic purchasing for UHC, (3) Workforce and efficiency, (4) Extending health insurance coverage, (5) DRM for UHC, (6) Financial data for decision making and its role in improving governance, (7) Strategic communications/ building understanding for UHC, (8) Governance, and (9) ICB. This activity is aimed at sharing the lessons in these briefs as widely as possible, through multiple platforms.

Year 6 Progress – In Q1, HFG worked with USAID to secure space at USAID's Washington Learning Center in Arlington, VA, for four roundtable events to take place in 2018: DRM for Health (Jan 16), Strategic Health Purchasing (Feb 20), Health Financing Strategies (Mar 27), and Extending Coverage through Health Insurance (April 26). Each event will allow HFG to disseminate K&L briefs on related topics to target audiences. Initial planning and coordination with the technical team leads began for HFG two additional events in Q2-Q3; Governance in Quality co-hosted with the ASSIST project and HSS and MCH, co-hosted with R4D and USAID's Maternal and Child Survival Program (MCSP).

Work also began on the HFG podcast series. Interviews were conducted with a number of HFG staff and with Nigerian Health Commissioner from Cross River State, Dr. Enyong Asibong, during a visit she made to the Washington, DC, area. In December 2017, Episode "0," which introduced health finance and governance, was uploaded to Sound Cloud and submitted to iTunes. Podcasts are also available on the HFG website at https://www.hfgproject.org/podcast-2/.

Finally, HFG reserved space at the Ronald Reagan Building and International Trade Center for the end-of-project (EOP) event, May 10, 2018 and planning began.

In Q2, HFG held the first three of the four roundtable events at USAID's Washington Learning Center: DRM for Health (Jan 16), Strategic Health Purchasing (Feb 20), and Health Financing Strategies (Mar 27). At each event, it disseminated K&L briefs on related topics to target audiences. During the first event, we found substantial interest in online participation so we engaged a third-party vendor to live-stream the event. Recordings of the roundtables are available on Facebook and/or YouTube through the project website and www.HFGAdvances.org.

Also in Q2, HFG began to produce country and regional final reports. HFG engaged two communications consultants to support technical staff with writing and production of reports. Podcast Episode "1" on DRM, was uploaded on iTunes, SoundCloud, and Stitcher in January 2018.

HFG continued planning for the May 2018 EOP. The agenda was set. Staff began working to prepare session presentations, and invitations were sent out. Registration information, the agenda, and resources were posted at www.HFGadvances.org.

In Q3, Podcast Episode 2, Digital Health and Finance, was published. Content was also recorded for Episode 3, on health insurance schemes.

The final roundtable event 2018 of the HFG Advances series, Extending Coverage through Health Insurance, was held at the Washington Learning Center on April 26. Recordings of all the roundtables can be found at: https://www.hfgproject.org/hfg-advances/.

On May 10, 2018, HFG hosted its EOP event, "Advances in Health Finance and Governance," in the Pavilion room at the Ronald Reagan building. It was attended by 170 people. In addition to the formal program, a Learning Lab with six stations was set up in the foyer for participants to visit during breaks and lunch. Stations featured the *Health Systems Assessment Approach Manual v3.0*, the *Health Systems Benchmarking Tool*, the *Costs of HIV Viral Load and Early Infant Diagnosis: Forecasting Tool and Manual*, *Measuring the Impact on Lives Saved, Health System Technical Efficiency Guide*, and the K&L briefs. All photos, sessions recordings, and materials offered at the conference are available at: https://www.hfgproject.org/advances-in-finance-governance-end-of-project-event/.

On June 5, HFG partnered with USAID's ASSIST project, the JLN, and the WHO to organize a live-streamed meeting entitled "Smoothing Painful Bumps on the Path to Universal Health Coverage: Strengthening Governance for Quality Care" showcase findings from three years of collaborative work on governance and quality. The event recording is available at https://www.hfgproject.org/hfg-advances/.

On June 12, HFG worked with R4D and JLN to organize a webinar on *Strategic Communications for UHC*. This webinar included lessons from HFG K&L brief, and also served as the official launch for the *Strategic Communication for UHC: Practical Guide* and accompanying *Planning Tool*. The webinar recording is available at https://www.hfgproject.org/hfg-advances/.

On June 19, HFG partnered with MCSP to host a meeting, "Stronger Systems for Healthier Moms and Kids: Tackling Health System Constraints in Ghana and Guinea," in Washington, DC. This unique program included the country perspective to the HSS challenge, given by a Ministry of Health official, followed by perspectives on interventions both at the policy level (HFG) and the facility level (MCSP). More than 100 people attended. The event was not recorded.

In Q4, HFG published and promoted the last two episodes of our podcast miniseries. Episode 3 discussed Health Insurance and Episode 4 focused on Governance.

In addition, HFG completed country final reports, many of which were shared with country counterparts as part of in-country close-out events. All HFG country final reports can be found at: https://www.hfgproject.org/hfg-country-final-reports/.

Finally, HFG produced the Final Report and submitted it to USAID.

Table 18 provides additional activity-specific updates.

TABLE 18. CROSS-BUREAU ACTIVITY 23 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Produce series of podcasts on health finance and governance	HFG produced and released Episodes 3 and 4, on Health Insurance and Governance, respectively. They are available for download on Sound Cloud and iTunes.	
Generate HFG country final reports	HFG published final country reports for Bangladesh, DRC (French), Guinea (English and French), India, Mali (English and French), and Vietnam.	Reports in production include: Angola, Botswana, Cote d'Ivoire (English and French), Dominican Republic (English and Spanish), DRC (English), Eastern and Southern Caribbean, Ghana, Indonesia, Namibia, Nigeria, South Africa, Swaziland, and Ukraine.
Create an online final report intended for greater sharing on project lessons and impact	Much of the work completed in organizing/outlining the EOP and in producing the country reports will be incorporated into the online final report.	
Host HFG K&L webinars	HFG hosted the webinar on Strategic Communications for UHC on June 12.	
Host four K&L roundtable events at Washington Learning Center	HFG held the last of the four roundtable events, *Extending Coverage through Health Insurance*, on April 26.	
Host knowledge-sharing events in Washington, DC	On June 5, HFG partnered with USAID's ASSIST project, JLN, and WHO to organize a live-streamed meeting, "Smoothing Painful Bumps on the Path to Universal Health Coverage: Strengthening Governance for Quality Care." On June 19, HFG partnered with USAID's MCSP to host a meeting entitled *Stronger Systems for Healthier Moms and Kids: Tackling Health System Constraints in Ghana and Guinea* in Washington, DC.	
Organize EOP event	On May 10, HFG hosted its EOP event, *Advances in Health Finance and Governance*, at the Ronald Reagan building. It was attended by 170 people. All sessions were recorded and posted to the HFG website.	

ACTIVITY 24 *Ministries of Health Effectively Engage Ministries of Finance*

Activity Objectives - The importance of a Ministry of Health (MOH) working effectively with a Ministry of Finance (MOF) is often viewed through the lens of resource capture. The more effectively an MOH can work with its MOF, the more appropriate resource allocation the health sector will likely receive. The HFG toolkit consists of four tools: 1) Guided Self-Assessment of Public Financial Management Performance; 2) Self-Assessment of Internal Control Health Sector; 3) Developing Key Performance Indicators; and 4) Data for Efficiency: A Tool for Assessing Health Systems' Resource Use Efficiency. The toolkit offers ministries of health a set of resources to better understand how efficiently and effectively they are spending resources. An MOH can use the outputs of these tools to guide future decisions on allocations and expenditure and demonstrate that additional investments in health will be well spent.

Year 6 Progress - In Y6Q1, HFG worked with the Mission in Liberia to gauge interest in working with the MOH. In Q2, HFG drafted and submitted a scope of work for mission approval. In Q3, after detailed discussions with the USAID Mission, HFG prepared for a pilot of the toolkit in Liberia. In discussions with the Mission, due to delays in MOH approvals, the pilot was cancelled. HFG initiated discussion with the Caribbean team about moving the pilot to Barbados.

In Q4, plans for piloting in the Caribbean did not come to fruition. The activity is now completed.

Table 19 provides additional activity-specific updates.

TABLE 19. CROSS-BUREAU ACTIVITY 24 DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Disseminate approved toolkit	Mission delays led to the cancellation of the proposed pilot in Liberia. Subsequent ideas for piloting in the Caribbean did not come to fruition.	

4. DIRECTED CORE ACTIVITIES

This section presents a summary of progress made in the five directed core areas: HIV and AIDS, Malaria, MCH, Population and Reproductive Health (PRH) and TB.

4.1 HIV and AIDS

Program Objectives –

- ***Activity 1: Cost-Effectiveness Analysis of Point of Care Viral Load and Early Infant Diagnosis vs. Conventional Viral Load and Early Infant Diagnosis.*** This activity contributes directly to the current PEPFAR 3.0 mandate, as described under the Impact Action Agenda, on ensuring effective monitoring of treatment though viral load (VL) testing. The study explores costing, budgeting, and planning for the scale-up of point-of-care (POC) VL monitoring to sustain antiretroviral therapy (ART) programs. The objective is to determine the characteristics of POC VL technologies and factors that influence the feasibility of their adoption in low-income or middle-income settings on a sustainable basis. This activity will contribute to the costing, budgeting, and planning for countries intending to scale up VL and early infant diagnosis.
- ***Activity 2: Financial Management and Costing Support to Global Fund Applicants and Recipients.*** Grant applications to the Global Fund under the new funding model will require a different level of capacity from country coordination mechanisms and principal recipients (PRs). HFG has been asked to assist with costing, development of transition plans, and expenditure analyses.

  Expected results include increased availability of quality financial data to guide decision making for MOH leaders in selected countries, improved HIV/AIDS resources alignment with the strategic objectives of the national strategic plan, strategies for transition from donor dependence to domestically generated resources, and applications for Global Fund grants.
- ***Activity 3: Hormonal Contraception and HIV Modeling in sub-Saharan Africa.*** Recent studies have linked the use of DMPA (progestin-only, injectable method of contraception) with higher risk levels of spreading HIV. This activity furthers modeling work to refine existing mathematical models of the HIV epidemic and contraceptive method mix in South Africa, through modeling analysis conducted for South Africa, Kenya, and Malawi. The objective of the modeling is to use the most up-to-date estimates to model the potential association with HIV acquisition for women using DMPA, to ultimately assist countries in determining how best to maximize health and reduce the risk of new HIV infection among women who use DMPA.
- ***Recently Completed - Evaluating Efficiency of Integrated HIV and AIDS and Family Planning Services:*** After completing the report at the end of Year 5, the findings from HFG's endline assessment of the efficiency of Integrated HIV and AIDS and Family Planning Services were presented to USAID in Tanzania in Q1. While USAID was very pleased with HFG's analysis and results, they had several questions about the broader set of results (derived from qualitative data collected by the Population Council). Dissemination to regional and national stakeholders in Tanzania was therefore postponed while these questions were addressed. In Q2, HFG developed a manuscript based on the costing results and submitted it to a special BioMed Central journal supplement on the integration of Sexual and Reproductive Health and Rights Services (SRHR) and HIV prevention, treatment, and care services across sub-Saharan Africa. The team learned in Q3

that the manuscript would undergo peer review. As of the end of Q3, the team was expecting to receive comments from peer reviewers in early July.

Year 6 Activities -

- ***Activity 1: Cost-Effectiveness Analysis of Point of Care Viral Load and Early Infant Diagnosis vs. Conventional Viral Load and Early Infant Diagnosis.*** This activity encompasses three main sub-activities:
  - *Costing:* This activity seeks to determine the characteristics of POC VL technologies and factors that influence the feasibility of adoption of these technologies in low-income or middle-income settings on a sustainable basis.
  - *Cost-Effectiveness Analysis (CEA):* Through examination of inappropriate antiretroviral (ARV) drug switches, development of resistance, and different monitoring protocols, the cost-effectiveness model will assess the price at which the POC VL technology would save money. The model compares (1) current monitoring methods (given values for other parameters) and (2) specific thresholds (e.g., gross domestic product per life-year). Data from Kenya will be used to complete modeling for the work that was initiated for Uganda.
  - *Planning and budgeting:* HFG will develop an Excel-based forecasting tool to support pilot country teams in planning the transition toward virologic monitoring so they can implement the monitoring in a deliberate and phased manner over the next several years. It is anticipated that the forecasting tool will be able to be shared across countries to further catalyze VL transition even after the conclusion of this activity.
- ***Activity 2: Financial Management and Costing Support to Global Fund Applicants and Recipients.*** HFG's technical assistance is underway in Botswana, the Caribbean, El Salvador, Nigeria, and Vietnam. Key deliverables vary between countries based on ongoing Global Fund activities and country-specific requests for technical assistance.
- ***Activity 3: Hormonal Contraception and HIV Modeling in sub-Saharan Africa.*** Key outputs will be estimates of the following for 2018-2030: HIV infections, HIV-related deaths, unintended pregnancies, unsafe abortions, maternal deaths, and disability adjusted life years (DALYs). In addition, the team at Imperial College of London will host a workshop with stakeholders in South Africa to discuss the implications of the model estimations. Based on outcomes from South Africa, an additional country (Tanzania) was proposed and approved to be included in the modelling.

  Key outputs will be estimated for 2018-2030 and will include estimates of the following: HIV infections, HIV-related deaths, unintended pregnancies, unsafe abortions, maternal deaths, and DALYs.

Year 6 Progress Against Objectives -

- ***Activity 1:*** In Q1, HFG followed up on the data collection initiated by the Kenya Medical Research Institute (KEMRI) consultants in Year 5 Q4. Consultants visited facilities used in the original VL costing sample to collect new data on the lengths of time between various steps in the VL testing cycle that are not reported by the National AIDS and STIs Control Programme (NASCOP). Records of 15 to 20 adult and infant patients were reviewed at each facility to gather data on the number of days between when a blood sample is drawn to when the patient receives their test result. Gaps in the data were filled by following up with hub hospitals, the KEMRI lab, and reviewing the data with facility staff to clarify issues. HFG analyzed the VL turnaround time data and considered it within the context of the CEA model to determine appropriate uses. Methodology of the CEA report was updated to reflect the new data. Additionally, HFG submitted a manuscript on costs of HIV VL testing in Kenya to the journal PLoS One during Q1, and will guide the submission through the remainder of the publication process in Q2/Q3.

In Q2, HFG completed construction of the CEA model and conducted baseline and sensitivity analyses. Results have been analyzed and written up in the CEA report, which is now undergoing quality review. The report will be completed and submitted to USAID in early Q3.

- ***Activity 2:***

  - *Vietnam:* In Q1, the HFG team conducted a scoping trip to refine the protocol for a study to examine the cost impacts of the integration of outpatient HIV services into national SHI, adjusted for quality. The team visited facilities in three provinces to learn about the current phases of integration and data collection feasibility.

    In Q2, the team drafted a study protocol and, after discussing the protocol with the Vietnam Administration for HIV/AIDS Control (VAAC) and revising it accordingly, submitted it to the IRB. In Q3, HFG hired a local research coordinator and trained data collectors on ethics and the data collection tool. The team piloted the tool and revised it based on pilot feedback; however, delays in obtaining IRB approval prevented data collection from beginning until Q4. As a result, data collection occurred in fewer than seven provinces. The analysis and final report were completed in Q4.

  - *Botswana:* HFG engaged with the National Agency for the Control of AIDS (NACA) to begin conducting a comprehensive assessment determining the efficiency with which the national response against HIV and AIDS is being implemented, and to identify areas where efficiency could be improved, for a sustainable national response. The team visited Botswana to meet with HIV program stakeholders to determine a scope of work (SOW). The team held meetings with individual program managers at the Ministry of Health and Wellness (MOHW) for more detailed discussions and proposals. The Terms of Reference for the HIV Efficiency Study was prepared and approved by NACA. An Inception Report with timeline was also submitted to NACA. Data collection tools were drafted. Study materials were submitted to Abt's IRB and the entity in Botswana responsible for IRB procedures/submissions. An in-country consultant, Qinani Dube, was hired to assist with data collection and analysis.

    In Q2, the HFG team revised the data collection tool (focus group discussion guide) for the study and resubmitted it to the Abt IRB, which subsequently granted an exemption. The study materials also were submitted to the MOHW Health Research Development Committee (HRDC) for local IRB approval. The HRDC met on January 25, 2018, to consider the application for research approval and this produced clarifying questions. HFG prepared a response and resubmitted the application to the HRDC, which then requested NACA to return on March 22 and make a presentation of the study. While waiting for approval, HFG and NACA sampled the facilities that were to participate in the focus group discussions. The focus group discussions were held regionally in Q3, and HFG held a workshop with the MOHW to validate the findings. In Q4, HFG submitted the report to the MOHW.

  - *El Salvador:* In Q1, HFG and USAID began discussions with Global Fund members from the Central American region and agreed upon a scope of work for El Salvador. The SOW was approved in Q2; however, challenges in receiving Mission Director Approval delayed the in-country work, and HFG was not able to inform the funding request to the Global Fund as planned. HFG worked with the Global Fund to identify the best next step and in Q3 helped El Salvador develop a strategy and implementation plan for the areas of inefficiency identified in the funding request in the form of a report. In Q4, HFG hosted two workshops to push improvements in efficiency opportunities identified in the Q3 report: one workshop was on budgeting and costing capacity building for NGOs, and the other was on increasing efficiency in procurement and management of ARVs.

- *Nigeria:* In Q1, USAID, HFG, and Nigerian country representatives from the Global Fund met to discuss opportunities.

  In Q2, HFG finalized the SOW and received USAID approval. HFG will assist the Global Fund in estimating unit costs along the continuum of care for TB and HIV across 11 categories for each of the Global Fund's PRs. The Global Fund notified its PRs and began sending HFG all data that were available remotely. HFG traveled to Abuja in Q3 to work directly with the PRs and gather additional data needed for the analysis, and draft the report. HFG revised the report in Q4 and shared it with the client.

- ***Activity 3:*** In Q1, Imperial finished modelling for South Africa and in Q2 held a workshop in Johannesburg to validate the results. The workshop was highly successful, and after consultation with USAID in Q2 it was agreed that the modelling should be expanded to one more country. The country chosen was Tanzania and the workshop was held in late Q3. Preliminary results were given to the client in Q4.

Q4 Challenges - In Vietnam, delays in receiving IRB approval prevented completion of the data collection in Q3 as anticipated. To ensure a report was completed on time with usable results, the scope of the data collection was narrowed

Table 20 provides additional activity-specific updates.

TABLE 20. HIV AND AIDS ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Hormonal Contraception and HIV Modeling in sub-Saharan Africa		
Recalibrate South Africa model to represent (i) Kenya and (ii) Malawi	Tanzania workshop held and preliminary results shared with client as agreed.	

4.2 Malaria

Program Objectives - Through its Year 6 activities, HFG's Malaria portfolio expects to generate evidence and improve collaboration, which will in turn:

- Help garner increased domestic and international resources for malaria prevention, treatment, and elimination, and;
- Support the effective and efficient use of existing resources.

Year 6 Activities - In Year 5, after consulting with funders, researchers, and implementers at the American Society of Tropical Medicine and Hygiene (ASTMH) Consultative Session in mid-November 2015, and gaining stakeholder buy-in from numerous academic and research institutions, HFG proposed and launched the community of practice (COP). The overall purpose of the COP is to improve coordination and collaboration among stakeholders in this field, including users (policymakers, program planners, and implementers), producers (researchers), and funders of malaria programs and Malaria Economic Research (MER). In Year 5, HFG set up a website to facilitate communication with and among COP members, held three webinars, and facilitated a symposium at the 2016 ASTMH Annual Meeting that brought together a broad range of stakeholders to discuss the advantages and disadvantages of country-specific and multicountry MER.

In Year 6, HFG will continue to act as Secretariat of the COP, bringing together stakeholders at both virtual and in-person events, finalizing the two key deliverables (the MER literature database, and MER guidance document for funders and implementers of malaria programs) to serve as resources for the COP, and determining the most appropriate mechanism for continuing the COP or transitioning the components that are deemed most valuable to another organization or partner.

Also in Year 6, HFG will finalize the manuscript from the CEA of targeted malaria prevention, diagnosis, and treatment intervention packages in Senegal conducted in Year 5. The manuscript will be submitted to the Malaria Journal for publication.

Year 6 Progress Against Objectives - In Q1, HFG facilitated two COP events: a webinar on the policy and programmatic implications of economic research results - such as those from HFG's CEA of Senegal's packages of malaria control interventions - and a side meeting at the ASTMH Annual Meeting in mid-November. Both events were well-attended and served as opportunities for a range of MER stakeholders to discuss.

ASTMH has been an important platform for the COP since the group's inception in 2015. In Year 6, HFG convened a day-long side meeting on "Harnessing Economic Evidence for Malaria Control and Elimination." Because programmers, funders, and policymakers rarely have the opportunity to discuss and hear each other's various perspectives on MER, the meeting was an ideal forum in which to have the group consider two COP deliverables: (1) the guidance document HFG is developing for country-level implementers, funders, and programmers on the production and utilization of data for context-specific MER, and (2) the Malaria Economic Research Literature Scan Tool, which funders, researchers, and programmers can use to find relevant articles on questions and topics of interest, and visualize the results by country or other criteria. In Q2, HFG incorporated the feedback into the outline for the guidance document, and completed adjustments to the Lit Scan Tool. In Q3, HFG posted the finalized Lit Scan Tool to the COP website and hosted an interactive webinar for the COP membership demonstrating the functionality of the tool. The chairperson of the Advocacy and Resource Mobilization Partnership Committee of Roll Back Malaria (RBM) attended the webinar, and expressed interest afterward in posting the Lit Scan Tool on RBM's redesigned website, which was rolled out in August. After receiving the President's Malaria Initiative's approval of the handover in Q4, HFG sent the tool, along with the corresponding database of MER articles that feeds into the tool, a guide describing how

to update the tool and database with the latest research or modify it based on the needs of the malaria community in the future, and a user guide. The RBM team is planning to dedicate a section of their redesigned website to health systems strengthening/financing for malaria. It will include country investment cases for malaria, and they are considering this location for posting the Lit Scan Tool. HFG remained available to answer any questions RBM has about the tool and its functionality until the end of the project. Having the tool posted on a seminal malaria initiative's website will help sustain it well beyond the life of HFG.

Also in Year 6, HFG finalized the manuscript from the CEA of targeted malaria prevention and treatment intervention packages in Senegal. In Q1, the manuscript was submitted to the *Malaria Journal* for publication. After receiving and addressing comments from peer reviewers in Q2, the manuscript was officially accepted and published in Q3. Since then, the article has been accessed 570 times, according to the *Malaria Journal* website. It has been shared with USAID, all coauthors, and partners, and is posted on the HFG website. The findings from the study were also disseminated through a poster presentation at the MIM 2018 conference. As a result of the findings, Senegal's National Malaria Control Program revised its malaria interventions in order to improve the cost-effectiveness

Table 21 provides additional activity-specific updates.

TABLE 21. MALARIA ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Community of Practice for Malaria Economics Research		
Produce guidance document on the production and use of available data for context-specific MER	Guidance document was drafted and reviewed, and then shared with the client and stakeholders, and posted to the HFG website.	None.
Hand over Malaria Economic Research Literature Scan Tool to RBM	Tool and related files (database, User Guide and Update Guide shared with RBM counterparts.	HFG remained available to answer questions from the RBM team until the end of the project.

4.3 Maternal and Child Health

Program Objectives - HFG's Core MCH Year 6 program is largely a continuation of an activity that started in Year 5 that focuses on estimating the costs of interventions that are essential for mitigating the "three delays" in two EPCMD countries - ensuring that women and the caretakers of newborns decide to seek care, arrive at care, and receive quality care in a timely manner. The costing exercise will give a more robust assessment of the true and full costs of saving maternal and newborn lives.

Year 6 Activities - HFG's work plan for Year 6 comprises the following three activities:

- ***Costing packages of interventions to mitigate the "three delays" in accessing maternal and newborn health (MNH) care:*** Improving maternal health outcomes has focused on reducing the three delays: (1) delays in deciding to seek care, (2) delays in reaching needed maternal care at a facility, and (3) delays in receiving high-quality, respectful, and timely maternal health care. The objectives of this activity are to (1) retrospectively estimate the unit costs of selected interventions designed to mitigate the three delays; and (2) estimate the cost per death averted (maternal deaths and newborn deaths within first two days) using secondary data. The results of this study are expected to inform global partners, ministries of health, and other stakeholders' planning and budgeting processes for MNH interventions that address the three delays and avert maternal and newborn deaths.
- ***Using provider payment to improve quality of maternal health services:*** Countries are increasingly recognizing the importance of good-quality care for achieving health targets, and several are exploring ways in which financial payments and incentives to health care providers can not only improve access to services, but also improve the quality of those services. Under this activity, HFG will finalize and publish a peer-reviewed article which reviews and documents country examples of privately or publicly sponsored arrangements that link financial payments to providers with the quality of maternal health care, and analyze the mechanisms through which these incentives influence provider behavior. The aim is to derive practical lessons that would guide other countries to design and implement similar schemes.
- ***Marshalling the Evidence:*** Documenting the HSS expert review panel for EQUIST: In the past few years, USAID's "Marshalling the Evidence for HSS" initiative has aimed to compile and synthesize available evidence on the effects of HSS strategies on coverage of priority health interventions and on health status. Relatedly, UNICEF has developed "EQUIST," a health system modeling tool designed for planning, priority setting, and resource allocation in LMICs. In 2015 and 2016, the HFG project collaborated with UNICEF to convene an expert panel to review and incorporate the available HSS evidence into the EQUIST tool. The expert review process, and the preparations for the expert meeting, generated a wealth of supporting information. Under this activity, HFG will prepare the supporting documentation for circulation and use by the global HSS community, including country practitioners. The information will also greatly facilitate any future efforts to update and refine the consensus estimates around HSS.

Year 6 Progress Against Objectives - In Q1, HFG completed data collection for the "three delays" costing study in Zambia. Data collection in Uganda was completed in Q2, and analysis commenced for both countries in Q3. In Q4, the team will submit a manuscript covering both countries for inclusion in a special supplement of *Global Health Science and Practice* on the Saving Mothers, Giving Life Initiative.

In Year 6, the HFG team also developed and finalized a manuscript on the link between provider payment mechanisms and quality of maternal health care, building off the report that was completed in Year 5. In Q3, the manuscript was published in HFG's special issue of the *Journal of Health Systems and Reform*.

The team working on documenting the HSS expert review panel for EQUIST has finalized the short documents that summarize the evidence and results/outputs worksheets and will complete the process brief early in Q4 in preparation for dissemination on the HFG website.

In Q3, the manuscript summarizing findings from the Year 5 study of the Nigerian microinsurance scheme was published in the International *Journal of Health Planning and Management.* The title of the article is, "Extending health insurance coverage to the informal sector in urban settings: Lessons from a private micro health insurance scheme in Lagos, Nigeria.

Table 22 provides additional activity-specific updates.

TABLE 22. MATERNAL AND CHILD HEALTH ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Costing Packages of Interventions to Mitigate the "Three Delays" in Accessing Maternal and Newborn Health Care		
Uganda		
Collect and analyze data	Data collection completed in June 2018, analysis in August 2018	
Prepare manuscript	Completed	
Disseminate findings	Manuscript is submitted to GHSP	
Zambia		
Prepare manuscript	Completed	
Collect and analyze data	Completed in June 2018	
Disseminate findings	Manuscript is submitted to GHSP	
Activity 2: Marshalling the Evidence: Documenting the HSS Expert Review Panel for EQUIST		
Finalize evidence summary hand-outs and expert panel outputs	HFG finalized the summary hand-outs and results worksheets. These have been edited and formatted.	
Document process and lessons learned	HFG drafted a process brief capturing what the HSS evidence review panel entailed, lessons learned, and considerations for similar future efforts.	By the end of Q4, the brief is finalized and disseminated.

4.4 Population and Reproductive Health

Program Objectives - HFG will continue to work with PBF and family planning stakeholders at a global level to contribute to knowledge on options for incentivizing quality family planning services in PBF initiatives in ways that enable voluntarism.

Year 6 Activities - HFG was part of the organizing committee for a two-day global workshop in late 2017 and contributed to two technical working groups, one on donor policies and practices related to PBF applied to family planning and another on the theory of change underlying PBF initiatives that reward providers for quality family planning service delivery. HFG worked with the Evidence project, and experts from countries that are implementing family planning incentive models identified during the workshop, to update the Health Systems 20/20 document, Performance Based Incentives: Ensuring Voluntarism in Family Planning Initiatives. This update, entitled Results-Based Financing to Support Voluntarism, Informed Choice and Quality in Family Planning Programming: Potential and Challenges, includes new case examples and options for incentivizing quality in family planning gleaned from participation in the global workshop and examination of recent cases of PBF that reward family planning.

Year 6 Progress Against Objectives - In Q1, HFG's expert, Dr. Rena Eichler, supported the global workshop in Antwerp to discuss how providers can be appropriately rewarded for providing quality family planning services as part of PBF initiatives. She continued to support two working groups: one on developing indicators of technical quality of FP and a second that links to human rights-based approaches to FP.

In Q2, HFG provided comments to the Evidence project on three papers that will be part of a suite of papers on RBF programs and family planning. The first paper considered current RBF programs through the framework used by FP2020. The second paper reports on the specific family planning indicators that are rewarded with unit fees in results based financing initiatives in low and middle income countries. The third paper will be "Results-Based Financing to Support Voluntarism, Informed Choice and Quality in Family Planning Programming: Potential and Challenges."

In Q3, HFG participated in a meeting with the USAID PRH communications office, together with the Evidence project, to understand sensitivities surrounding family planning language. In this meeting the Evidence project was asked to revise its companion documents. Also in Q3, HFG and the Evidence project developed a detailed outline for the third paper and submitted it for comments.

In Q4, HFG submitted a revised version of the third paper to USAID/Office of PRH for final review. Beverly Johnston, Alex Todd, Kim Ocheltree, and the PRH Communications Team acknowledged and thanked HFG for incorporating previous input and said "… it looks great" (Johnston). They provided minor comments and additional references from UN documents. HFG has addressed all the comments and the final version was posted in September

Table 23 provides activity-specific updates.

TABLE 23. POPULATION AND REPRODUCTIVE HEALTH ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Ensuring quality in results-based financing initiatives for family planning		
Update "Performance Based Incentives: Ensuring Voluntarism in Family Planning Initiatives" document	HFG submitted the update to USAID/PRH for final review. They provided minor comments and additional references from UN documents. HFG addressed all comments and posted the final version in September.	

4.5 Tuberculosis

Program Objectives - The objective of HFG's Core TB activity is to improve the relationship between health financing and TB service delivery through strategic health purchasing – better targeting general revenue health budget funds to priority TB services and populations. Scale-up and sustainability will be increased by ensuring that service delivery interventions are designed, developed, and implemented directly linked to and consistent with health financing and governance improvements.

Year 6 Activities -

- **Activity 1: Country-level interventions:** In Year 6, country implementation support is focused on in-country workshops and technical assistance to selected USAID TB priority countries in Africa and Asia, to increase understanding of the importance of health finance and strategic purchasing among decision makers in USAID TB priority countries, in the context of ongoing health finance reforms in the country.
- **Activity 2: Global Indictor Activity:** By definition, all USAID TB priority countries are included in the TB global indicator activity. During Year 4, HFG collected data on 27 indicators for all 23 USAID TB priority countries and developed a user interface to allow for easy comparison of indicator data across countries. During Year 6, HFG finalized data for presentation and completed work on the user interface. HFG handed over the final product to USAID, with plans for USAID to host the indicators. HFG will also disseminate country indicator data (see Activity 3).
- **Activity 3: Dissemination:** In this last year of the project, HFG is disseminating information aimed at fostering understanding of the link between provider payment and TB service provision.
    - Former Soviet Union Model of hospital payment using TB diagnosis-related groups (DRGs), developed for Kyrgyzstan and adapted to Ukraine, was disseminated to other countries of the Former Soviet Union and, more broadly, through presentations at international workshops and conferences.
    - Indicator Data: HFG will work closely with USAID to determine the best approaches to disseminating these data (on website, to country TB programs, through journal article, etc.)
    - Methodological Approach: HFG will develop final products based on the methodology of the in-country assessments.

Year 6 Progress Against Objectives - In Q1 (December 4-6, 2017), HFG brought together TB and health financing decision makers at the "Sustainable Financing Workshop for TB" in Lagos, Nigeria. Participants included the National TB and Leprosy Control Program (NTBLCP), health financing focal persons, heads of state health insurance schemes, TB state and local government authority coordinators from six states, USAID, HFG, TB partners, and the private sector. The workshop focused on issues with TB control and understanding of health finance concepts, key specifics for financing TB through health insurance and budget advocacy for TB, and provider payment mechanisms to enhance efficiency and achievement of targets. Roadmaps were developed for sustainable TB financing at the federal level and for the three states.

HFG's advisor Abdo Yazbeck, working with two other senior consultants, drafted a high-level advocacy paper aimed at demonstrating value for money of TB control interventions. This work employs public economics and a multi-sectoral approach and is aimed at ministries of finance and other very senior decision makers at the country level. Yazbeck also drafted an OpEd document, "TB Revisited: Hope and Hard Work," to highlight the indicators and steps to re-energize efforts to combat TB.

In Q2, HFG further developed plans for a dissemination event that took place in Bishkek in Q3. Approximately 70 people from 10 countries attended the workshop. At the workshop, HFG-Ukraine and Defeat TB presented their accomplishments, and participants were walked through a process of identifying areas for improvements in their own countries. Each country presented its ideas at the end of the workshop, and HFG received very positive feedback from participants.

Also in Q3, HFG supported a technical working group (TWG) meeting in Indonesia. Senior technical advisor Olga Zues presented and reviewed strategic purchasing concepts for the TWG, consisting of high-level staff from the Government of Indonesia's National TB Program, BPJS-K, and PPJK,

In Q4, HFG supported a learning visit for the Indonesian government TWG to observe the TB provider payments system in Taiwan. The Taiwan Center for Disease Control (CDC) hosted group, presented their achievements and processes, as well as arranged for the group to visit the National Health Insurance Agency (NHIA), National Taiwan University, a primary care medical center, and the National Health Command Center. The learning visit participants were very engaged and asked a lot of questions.

Also in Q4, HFG facilitated two workshops in Cambodia: 1) Universal Health Coverage (UHC) Workshop on September 17-18, 2018 for USAID staff and implementing partners; and 2) Consultative Workshop on TB Financing toward Sustainability in Cambodia on September 20-21, 2018. 27 USAID and implementing partner staff attended the UHC workshop. 35 Cambodian government officials from the Ministry of Health, Ministry of Economy and Finance, National Social Security Fund, Health Equity Fund, Department of Planning and Health Information, and National Center for TB and Leprosy Control attended the TB financing workshop.

Advocacy work continues with the draft of the long paper on the Advocacy Framework, completed at the end of Q3. In Q4, HFG submitted the paper to USAID and delivered a webinar based on the paper.

In July 2018, HFG received a request to present at the International AIDS Society (IAS) TB 2018 conference in Amsterdam. The HFG presentation, "TB, Health Insurance and Social Protection," was well received and can be viewed online.

Table 24 provides activity-specific updates.

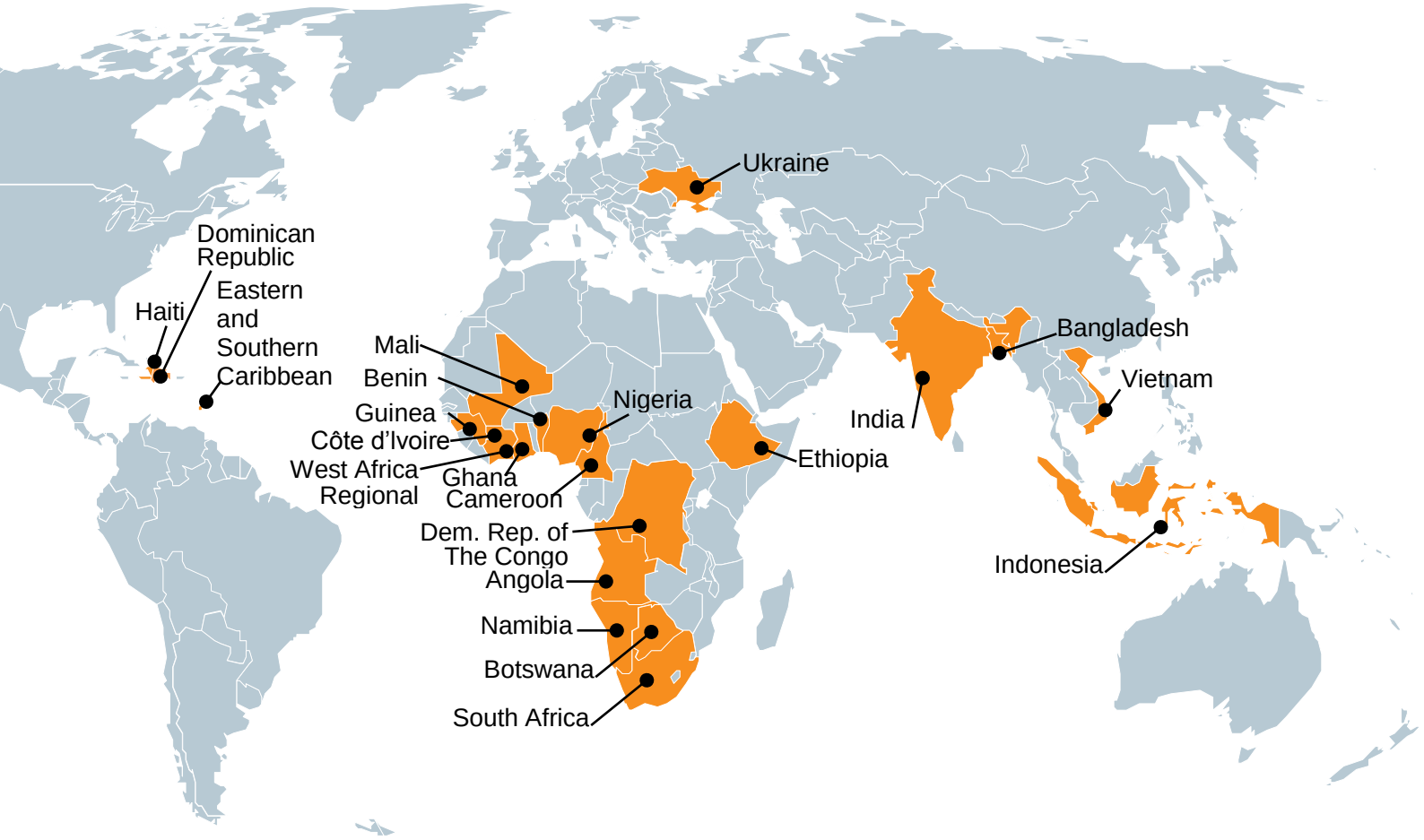
TABLE 24. TUBERCULOSIS ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Country Interventions: Workshops and Follow-up Technical Assistance on Provider Payment for Improved TB Services		
Provide in-country technical assistance to support implementation of specific provider payment or public financial management interventions, to allow for improved resource allocation toward improved TB outcomes	The learning visit informed participants about Taiwan's progress in using the national health insurance mechanism to achieve TB outcomes. In particular, they learned about the iterative evolution of the Pay-for-Performance (P4P) system, the significance of balancing regulations with incentives, developing comprehensive guidelines and a supportive environment for practitioners, the crucial importance of reliable and comprehensive data systems that enable validation of performance, as well as the close cooperation necessary between the CDC and the NHIA that evolved over time, and was necessary for the success of the policy. The team also learned the necessity of maintaining financial and technical support for public health functions that	The TWG continues to meet and scheduled another meeting in Jakarta in August 2018. Next steps are to build on what was learned in Taiwan, to reach consensus on policy and regulatory inputs, and to identify what preliminary actions the multi-stakeholder TWG can promote in Indonesia.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	are crucial for TB case finding, diagnosis, treatment, and follow-up that cannot be covered by national insurance. The UHC workshop made USAID and implementing partner staff more familiar with basic UHC concepts of population coverage, quality and financing – in general and in the Cambodian context – and better understand how they can work within the Cambodian health systems environment to achieve their program goals, including expanding access and improving quality of service delivery. By the end of the TB financing workshop, the Cambodian officials had reviewed the constraints to progress in controlling TB, identified emerging opportunities in the national health finance reform space, and devised strategies to ensure TB programs leverage those opportunities for maximum impact.	Participants will apply this training to engage local counterparts around UHC-related topics and support Cambodia's progress towards UHC through their ongoing work. The National Center for TB and Leprosy Control will spearhead the implementation of the action plan developed during the workshop.
Activity 3: Dissemination of TB Strategic Purchasing Work		
TB 2018 Presentation	The IAS, Stop TB Partnership, and USAID, under the theme "Bridging the TB and HIV Communities," offered a pre-conference session focused on TB health insurance. USAID asked HFG to provide a speaker for one session, "Health insurance and social protection, How do we use domestic resources more efficiently and ensure that universal TB and TB/HIV services are covered?" Dr. Elaine Baruwa spoke on "TB, Health Insurance and Social Protection," based on her work in Nigeria.	Dr. Baruwa's presentation was very well received.

5. FIELD SUPPORT ACTIVITIES

The section provides a summary of progress made on activities in the 23 countries and with the three regional USAID bureaus (Africa, Asia, and Eastern Europe and Eurasia) with which HFG works.



5.1 Africa

5.1.1 Africa Bureau

Program Objectives –

- Increased capacity for health financing reforms in the African region
- Greater understanding of the funding of the social sectors from domestic sources and opportunities for more efficient resource utilization at different administrative levels to improve value for money
- Increased availability of demographic and family planning (FP) information, leading to improved strategic planning in those areas
- Greater understanding of free FP policies in the African region

Year 6 Activities -

- Finalize and disseminate study on Allocation and Utilization of Domestic Financial Resources Across Sectors in Ghana
- Provide analytical support to Africa Bureau Office of Sustainable Development (AFR/SD) for assessment and strategic project planning
- Organize and co-facilitate series of health financing capacity-building workshops in partnership with USAID, the World Bank, and WHO
- Co-organized USAID Health Financing Workshop in Uganda
- Review of policies for free FP services for clients in sub-Saharan Africa

Year 6 Progress Against Objectives -

- **Study on Allocation and Utilization of Domestic Financial Resources Across Sectors in Ghana.** In Q1, HFG worked to finalize the study report (Political Economy of Social Sector Resource Allocation), incorporating the final comments from USAID and the Center for Democratic Development (CDD)-Ghana. This report contains detailed sections (3 and 4) on Ghana's political system and economic context to provide the macro-level context in which resource allocation decisions in the health and education sectors are made. Sections 5 and 6 are on the health and education sectors, and explore the political economy of sector-specific allocation and expenditure. The report concludes (Section 7) with reflections on the similarities and differences between the political economy dynamics observed in the two sectors, and a closing on key lessons that emerge from this analysis. While the findings from this study pertain to Ghana, broader lessons regarding the types of political and economic considerations that affect decision making in the health and education sectors may apply to other countries as well. Overall, USAID was pleased with the revised product and looked forward to disseminating its findings and recommendations.

  At the request of the Ghana Mission, HFG also developed a high-level brief that summarizes the key findings from the study report that are priorities for the ongoing health sector reform issues in Ghana.

  The brief includes the following recommendations for the health sector:

  - Explore options to optimize the National Health Insurance Scheme's (NHIS') benefits package, such as focusing on providing universal primary health care to all Ghanaians.
  - Engage proactively on the allocation of discretionary government funding to prepare for the possibility that NHIS funding from statutory sources will decline.

In Q2, CDD-Ghana and the HFG project convened a one-day event in Accra to share and discuss key findings from the study report. This event was an opportunity to bring together representatives from the Ministry of Health and other relevant ministries; the health sector government agencies (e.g., Ghana National Health Insurance Authority, Ghana Health Service); Parliamentary Select Committees; and civil society organizations to engage in timely discussions around the future of domestic resource mobilization and resource allocation in the health sector. The event provided a forum for communication between key stakeholders involved in health sector reform. Key findings and recommendations from the study report were shared and discussed.

In Q3, HFG incorporated priorities for the ongoing education sector reform issues into the high-level brief, discussing areas of commonality between Ghana's health sector and education sector successes and challenges. The following recommendations for the education sector were incorporated:

- Balancing expenditures in the education sector between compensation, capital expenditure (CAPEX), and goods and services to sustain improvements in quality.
- Clarify and simplify the financing arrangements and management to facilitate monitoring and accountability.

Both the brief and final study report were finalized for USAID circulation.

In Q4, HFG supported USAID/Africa Bureau in preparing a discussion brief on the current evidence of synergistic benefits achieved through cross-sector investments in health and education. This brief highlighted the World Bank's recent The Changing Wealth of Nations report, which included human capital for the first time in national wealth accounting. Given USAID's deep interest in this index as a key element of the journey to self-reliance, HFG hired a consultant team to conduct a series of qualitative interviews with experts in health and education sector reform. The final brief included best practices and recommendations for USAID to inform priority setting.

- **Analytical support to AFR/SD for assessment and strategic project planning.** In Q1, Avenir wrote a consolidated report integrating the findings from the 10 country analyses on Inequity and Fertility (Ethiopia, Ghana, Kenya, Madagascar, Malawi, Nigeria, Rwanda, Senegal, Tanzania, and Uganda). Avenir also used the LiST Costing model to assess the implications of the demographic projections developed in the Inequity and Fertility study on investments in FP and the potential for easing the financial burden of scaling up other essential maternal and child health (MCH) services. A brief on these results for five countries (Ethiopia, Ghana, Madagascar, Senegal, and Tanzania) was drafted in Q1 and finalized in Q2. The finalized brief illustrated that a marginal increase in FP investment, resulting in higher modern contraceptive prevalence (mCPR), can potentially ease the financial burden of scaling up and improving the quality of other essential RMNCH services. In many sub-Saharan counties, fertility has remained high and mCPR low in the poorest 20 percent of the population. As a result, as the population continues to grow, provision of RMNCH services at the current levels of coverage will increase dramatically. A marginal increase in FP investment, resulting in higher mCPR, can potentially ease the financial burden of scaling up and improving the quality of other essential RMNCH services, as well as provide savings and economic impacts throughout the country and across nearly all sectors of government.

- **Organize and co-facilitate a series of capacity building workshop in health financing**
  - ***Francophone West Africa focused course on Health Financing and UHC:*** In November 2017, HFG facilitated group work sessions of the five-day course, which is part of the project's ongoing partnership with the WHO and World Bank. The course aimed to bring practical lessons on how to move effectively toward the implementation of health financing strategies. The course was attended by 133 participants representing 21 countries across the African continent. The partnership provided USAID country officers an opportunity to be part of the

joint learning and discussions. This contributes to better understanding and alignment of messages and technical contributions of partners on the overall health financing and UHC agenda at the country level.

- ***Partner with World Bank on course in African country in 2018:*** In December 2017, HFG conducted initial brainstorming meetings with the World Bank on a potential 2018 Flagship course. In Q3, HFG engaged in discussions around supporting the Nigeria Flagship Training Course on August 27-30, 2018. However, the World Bank and the Nigerian government agreed to postpone the event due to scheduling conflicts. In Q4, HFG solidified plans to partner with the World Bank and USAID/Africa Bureau to support the implementation of the Eastern/Southern Flagship course in Nairobi, Kenya on September 10-14. The course focused on improving the capacity and ownership of country participants to understand and apply a set of concepts, tools, and methods necessary to improve the performance of their health systems towards UHC. HFG supported the venue, travel/accommodations/per diem for 21 participants from Zimbabwe, Namibia, and Somalia, and a course trainer for the workshop.
- ***Sustainable financing for family planning meeting for sub-Saharan Africa:*** Together with the Health Policy Plus, SHOPS Plus, PACE, and SIFPO2 projects, HFG led the delivery of several technical sessions at the regional meeting "Attaining Sustainable Financing for Family Planning in Sub-Saharan Africa" on January 15-19, 2018, in Accra, Ghana. The meeting brought together approximately 120 government stakeholders, USAID staff, and representatives from the civil society and private sector from 14 priority FP2020 countries in sub-Saharan Africa. The meeting facilitated the sharing of country experiences in achieving sustainable financing for FP and discussed practices and tools that can inform financing options for FP and reduce reliance on donor assistance

- **2018 USAID Health Financing Training Workshop in Uganda.** In Q3, HFG co-organized the USAID "Health Financing Capacity Strengthening Workshop: Attaining Universal Health Coverage with Quality and Sustainability," held May 13-18, 2018, in Kampala, Uganda. The objective of the workshop was to provide a platform for USAID mission staff to enhance their knowledge in health financing and to exchange experiences across missions to design future assistance to countries for attaining sustainable UHC with reduced donor dependence. The workshop was structured around six main themes: fundamentals of UHC, value for money/efficiency, domestic resources for health, public-private partnerships, use of digital technology, and pathways to self-reliance in USAID priority countries.

  The workshop convened 34 USAID staff members from 14 missions across the African continent, as well as representatives from USAID's Bureau of Global Health and the Innovation Lab. In addition, 15 global experts representing a range of development partners, government, and public and private institutions participated. The workshop also featured two special guests from outside of Africa – a representative from the Ministry of Health of Thailand, who spoke about the steps Thailand took to achieve UHC, and the former Minister of Health of Peru, who highlighted about the achievements and struggles of Latin American countries in their pursuit of UHC.

  Workshop participants exhibited high levels of engagement and were enthusiastic about the materials presented, commenting that the scope and depth of topics covered provided a strong foundation to continue supporting their country counterparts. HFG finalized the workshop report and shared with USAID/Africa Bureau and the participants.

- **Review of policies for free FP services for clients in sub-Sharan Africa:** The quarterly report for the free FP services activity can be found under the West Africa Bureau country program section.

Q4 Challenges - Coordination of the Eastern/Southern African Regional Flagship course was delayed pending USAID/Kenya Mission Director approval. Once HFG received the approval on August 24, 2018, it quickly resumed preparations.

Table 25 provides activity-specific updates.

TABLE 25. AFRICA BUREAU ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Study on Allocation and Utilization of Domestic Financial Resources Across Sectors in Ghana		
Disseminate report	The report moved to final editing and production. It has been circulated internally among USAID/Africa Bureau and CDD-Ghana. It also has been used as a reference for the Human Capital Index discussion brief.	
Activity 2: Analytical support to the AFR/SD for assessment and strategic planning		
Provide analytical support to the AFR/SD for assessment and project planning (funding for Avenir)	Completed.	
Activity 3: World Bank Flagship Course Partnership		
Support course in African country in 2018 (TBD)	It was decided to hold the Eastern/ Southern African Regional training course in Nairobi, Kenya, on September 10-15, 2018. HFG booked the venue at the Trademark Hotel, supported the attendance of 21 participants from Zimbabwe, Namibia, and Somalia, and hired a consultant to serve as a course instructor.	Preparations were suspended until the Mission Director gave approval, and resumed immediately upon receiving approval.
Activity 4: Sustainable Financing for Family Planning Meeting for Sub-Saharan Africa		
Support to Sustainable Financing for Family Planning Meeting for Sub-Saharan Africa	Completed.	
Activity 5: USAID Health Financing Workshop in Uganda		
Support Implementation of USAID Health Financing Workshop	Successful workshop took place on May 13-18.	
Activity 6: Review of policies for free family planning services		
Initial Planning of Activity	Completed.	

5.1.2 Angola

Program Objectives - There is an urgent need to increase the capacity of the Ministry of Health (*Ministerio da Saúde*, MINSA) to monitor government financing of the National Health Plan (*Plano Nacional de Desenvolvimento Sanitário*, PNDS) and make informed decisions based on reliable information on the quantity of financial resources used for health, their sources, and the way they are used. Health expenditure tracking is internationally recognized as critical information for developing countries such as Angola to improve efficiency, equity, and financial sustainability in the health sector as well as understand resource allocation across priority health programs.

Angola has so far undertaken resource tracking exercises such as a public expenditure review (2007), which assessed the magnitude and flow of public spending, and household surveys to provide insight into household health-seeking behavior and spending on health (Living Conditions and Household Survey 1995, Survey of Households Income and Expenditure 2000/01, and Multiple Indicators and Cluster Sampling Survey 2000/01). While these resource tracking exercises provided policymakers with critical information about the respective resource flows, they have not provided them with the full picture to understand the full magnitude and flow of resources in the health sector. Additionally, their data now are not current and they do not serve as a baseline for the PNDS 2012-2025.

Year 6 Activities - HFG will continue to provide technical assistance and guidance to the MINSA Health Accounts team to complete its first Health Accounts exercise using the System of Health Accounts (SHA) 2011 methodology. The exercise will be adapted to the Angolan context (through the classifications and the distribution keys) and use the (existing) Portuguese version of the Health Accounts Production Tool (HAPT) and the Health Accounts Analysis Tool (HAAT). In Year 5, HFG helped the MINSA Health Accounts team launch the exercise and begin data collection. In Year 6, HFG will assist MINSA to complete the data collection and analysis, draft a report, and validate and disseminate the results. HFG will also produce a short technical brief that summarizes the findings from a 2017 World Bank Public Expenditure Review and the National Health Accounts and provides recommendations for next steps.

Through this activity, HFG technical assistance will help develop the capacity of the Health Accounts team to gradually institutionalize the exercise and use the data to monitor the progress of the PNDS. The project will work on building the Health Accounts technical team capacity on the updated framework and the use of the HAPT, a software application developed by WHO and HFG to streamline the Health Accounts data collection and analysis. HFG will also provide technical guidance and backstopping to the country Health Accounts team during the key stages of the exercise, specifically during the analysis and generation of key expenditure tables. Finally, the project will backstop the team in interpreting the results, developing a brief report to inform the country's policy and plan and disseminate the key results to stakeholders. To facilitate the institutionalization of Health Accounts, the project will work with the Health Accounts team to identify and, where relevant, recommend implementation mechanisms to enable routine (regular) data collection from the different data sources for health spending data (i.e., government, donors, NGOs, private and public insurance).

Year 6 Progress Against Objectives - During Q1, the HFG consultant leading this activity, Daniel Aran, traveled to Angola and, in collaboration with the WHO, carried out a data mapping workshop for the MINSA Health Accounts team. Although data collection was not yet complete, HFG and the WHO used available data to train the Health Accounts team on the HAPT tool. During the workshop, the team was trained on coding, generation of allocation keys for expenditure distribution by functions, and its use in the HAPT, specifically for Bengo province. A table to replicate the process for the other provinces was generated. The local HFG consultant leading the activity, Alvaro Andre, prepared a detailed work plan with the pending tasks. The Health Accounts team has committed to complete the analysis of governmental spending by province for 2015 and to replicate the analysis for 2016. During

this trip, HFG also delivered four laptops and one printer to MINSA for the Health Accounts team to use during the training workshop and to complete this exercise and future Health Accounts. USAID was in attendance for the handover.

During Q2, HFG consultant Mr. Aran made progress with the team from the MINSA Statistics Office (*Gabinete de Estudios, Planeamiento e Estatística*, GEPE) on analyzing the public sector data. They are currently drafting a report on the analysis, which has the potential of being used as an advocacy tool to push for support for finalizing the data collection and analysis. Pending USAID/Angola approval, Mr. Aran plans to travel to Angola in Q3 to finalize the data collection, especially donor and NGO data, and analysis.

Also during Q2, the Gates Foundation provided an additional $60,000 to support the activity, with a specific interest in immunization spending data.

In Q3, HFG consultant Mr. Aran continued to make slow progress working remotely with the available data to prepare for a workshop to finalize the data analysis. In-country activity (by the GEPE team) continued at a standstill, pending official approval from the new Minister of Health for the new GEPE director to work on Health Accounts. GEPE staff cannot dedicate time to the activity without official approval from their Director. The workshop to complete data mapping and analysis also depends on this approval. On July 2, the WHO representative advised HFG that GEPE plans to authorize the HFG mission to finish the Health Accounts and will send the official letter shortly.

In Q4, after repeated communication with GEPE, HFG learned that GEPE had not received official approval from the new Minister of Health and thus, it was not possible to schedule the final workshop to conclude the Health Accounts exercise in Angola. Data files prepared to date will be shared with GEPE and USAID in the event that another funding mechanism is found to continue the work after the HFG project closes in September.

Table 26 provides activity-specific updates.

TABLE 26. ANGOLA ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity Support implementation of health accounts		
Work with key persons to develop a distribution key document	Work was begun in previous quarters, but HFG was unable to return to Angola to complete.	HFG shared all data files and work in progress. Local team may access other funding mechanism to complete the exercise.

5.1.3 Benin

Program Objectives - In 2016, the Government of Benin adopted a new integrated and inclusive strategy to extend social protection, with a view to strengthening the human capital and poverty reduction. The new strategy will require mandatory health insurance for the entire population. To this end, the state will implement a new social security system through the project, "Insurance for Strengthening Human Capital" (*Assurance pour le Renforcement du Capital Humain*, ARCH), for the benefit of the few wealthy players in the formal sector, the poor and vulnerable in the informal sector, and the inactive poor. This project aims to provide a package of four welfare services (health, education, credit, and retirement) to all Beninese but especially to the poorest. The approach of "package of services" improves, among other things, equity in access to basic services for the entire population; facilitates access to opportunities; and increases the resilience of the disadvantaged population when confronted by shocks and adverse situations.

Following its previous support of the Universal Health Insurance Scheme (*Regime d'Assurance Maladie Universel*, RAMU), USAID/Benin seeks to support the Government of Benin to appropriately and effectively support ARCH. ARCH demonstrates a strong commitment by Benin's government to achieve UHC. Through HFG, USAID/Benin is providing technical assistance and strategic guidance to implement support to the health insurance pillar. The ARCH project complements HFG's prior work in Benin, which focused on strengthening health system capacity, and budgeting and costing mechanisms, and increased coordination in service delivery between the private and public sectors. This phase of ARCH development is managed by a coordinating unit (*Unité de Coordination du Projet*, UCP-ARCH). HFG provides support to ARCH through the UCP.

Year 6 Activities -

- Developing and supporting the implementation of a quality assurance (QA) approach for UCP studies (Activity 4)
- Carrying out QA for the Actuarial Study and Indicator Development Study (Activity 4)
- Redoing the Actuarial Study completed by another implementer (Activity 4)
- Providing technical assistance to the UCP-ARCH in managing its inclusive dialogues with stakeholders and responding to immediate ARCH communication needs (Activity 5)
- Conducting a rapid assessment of RAMU, Benin's previous social insurance program, to inform the design of the ARCH insurance program (Activity 6)
- Carrying out a Malaria Treatment Pricing and Policy Analysis (Activity 7)
- Supporting the update of the ARCH project document to take into consideration the results of the studies and inclusive dialogues process – operationalization (Activity 8)

Year 6 Progress Against Objectives - HFG, via the QA Activity Lead Christine Potts, developed the QA Tool and User Manual for ARCH studies and submitted it to UCP-ARCH for review and utilization. Also under Activity 4, HFG actively supported the implementation of the QA approach on two ARCH studies: an Indicator Development Study and an Actuarial Study. Ms. Potts worked with the UN-funded implementer of the Indicator Study, SPRI Research Firm, to provide QA via in-person and remote discussions with them. Similarly, HFG provided support to the Actuarial Study via Mr. André Zida. After lengthy delays on the part of the study implementer, Str@tech-Arc, HFG resumed its QA support in Q3 with in-person support from Mr. Zida. Upon reviewing the draft, Mr. Zida and the UCP-ARCH found significant issues with the report because Str@tech-Arc disregarded Mr. Zida's initial feedback on its approach. Unfortunately, Str@tech-Arc disagreed with this review and refused to address the identified issues. Shortly afterwards, UCP-ARCH and USAID asked HFG to completely redo the

Actuarial Study, an extremely challenging request given the remaining timeframe. Mr. Zida quickly began the ambitious task by mobilizing local support and planning a visit to Benin. In August, Mr. Zida spent four weeks in Benin to hold workshops with and collect data from local experts, including pharmarcists, doctors, medical specialists, and Ministry of Health representatives. After completing the analysis, Mr. Zida returned to Benin to present and validate the results in September.

In regards to Activity 5, HFG identified and onboarded two consultants, one to support inclusive dialogue and the other to support communications in spring 2018. The inclusive dialogue consultant worked with UCP-ARCH over the last week of March 2018 to plan for the inclusive dialogues, including defining the formats, number of dialogues, and other logistics. The communications support also made notable progress. The consultant contributed to important meetings with the UCP-ARCH and members of the PNDCC[1] Executive Secretariat and developed a draft press kit. The HFG Country Manager visited Benin to finalize work planning for the inclusive dialogue and communication activities in consultation with the consultants, the TRG-provided resource person, the UCP-ARCH, and USAID/Benin. Over Q4, the consultants continued to provide UCP-ARCH support. Because of the delay in the results of the actuarial study, the inclusive dialogues could not take place. The consultant drafted a road map for UCP-ARCH. It is anticipated that the dialogues will be supported by the USAID-funded African Collaborative for Health Financing Solutions (ACS) project.

Under Activity 6, HFG hired a consultant to conduct the RAMU rapid assessment. In June 2018, the consultant completed the assessment and submitted a draft report for UCP-ARCH feedback. In Q4, UCP-ARCH provided extensive feedback on the report, which the consultant incorporated. HFG submitted the final deliverable in September. The consultant remains available for any dissemination.

Most recently, USAID President's Malaria Initiative (PMI) requested that HFG conduct a malaria treatment pricing and policy analysis. USAID and HFG collaboratively finalized the scope of work (SOW) and HFG hired a consultant to conduct on-the-ground data collection. In June, the consultant initiated preliminary meetings with stakeholders including the USAID point of contact, the Accelerating the Reduction of Malaria Morbidity and Mortality Program (ARM3)-PNLP committee members, and HFG team members. The consultant also started working on the literature review for this analysis. Following completion of the literature review, the HFG team and the consultant drafted the interview guides and started data collection. Dr. Sophie Faye and HFG colleague, Hawa Barry, traveled to Benin to hire and train data collectors and pilot test the interview protocols. Afterwards, the data collectors conducted three weeks of field work with guidance from the local consultant. On the pricing component, Mr. Zida employed OneHealth to study the cost of injectable and rectal artesunate products, and he presented these findings during his in-country visit. In September, HFG combined the policy and pricing findings and recommendations into a consolidated report for PMI and other stakeholders.

Lastly, UCP-ARCH asked USAID for HFG support to update the ARCH project document (2017) on the basis of the results of various studies and the feedback from the inclusive dialogues. In Q3, USAID approved this request, and HFG identified and hired a consultant to assist UCP-ARCH in this effort. However, due to the above-described delays with the Actuarial Study, HFG could not complete the full operationalization plan before project close. Instead, HFG prepared a plan that UCP-ARCH can update using the findings from the Actuarial Study.

[1] The Projet national de développement conduit par les communauté (PNDCC) developed the method that ARCH will use to identify the poor and ultra-poor beneficiaries..

Q4 Challenges - HFG faced a number of challenges in executing its activities. As discussed above, it did not have implementation control over the two studies for which it provided QA. So, while it worked to actively engage the implementers, they were not always willing to adjust their approaches based on HFG feedback. This lack of control over the implementer had major consequences on the quality of the Actuarial Study, which led to HFG completing redoing the study on a severely truncated timeframe. This delay to the study had repercussions on the implementation of other HFG activities. For example, HFG's inclusive dialogue efforts and operationalization plan development depended on the studies' results and recommendations.

Another area of concern was the availability of the main partner, the UCP-ARCH. It is under-staffed, and its members have ongoing responsibilities in addition to their UCP work. This made it difficult for them to devote significant and timely attention to HFG's efforts. In addition to their availability, there were also issues with information sharing among HFG, the UCP, and other partners. However, HFG improved engagement through the efforts of the five local consultants and frequent HFG staff visits. Specifically, the operationalization consultant, a former HFG Country Representative for Benin, made a huge impact by leading the coordination of all activities on the ground.

Lastly, the project ending and other time constraints were a major challenge. Completing all activities prior to project close was an ambitious task by itself, but this was compounded by the limited availability of the stakeholders. Additionally, the late start to new tasks, such as the Malaria Analysis and Actuarial Study, added pressure for HFG to plan and execute in a timely manner.

Table 27 provides activity-specific updates.

TABLE 27. BENIN ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 4: Quality Assurance Support to ARCH		
Provide QA for Actuarial Study	At the beginning of Q4, HFG was asked to redo the Actuarial Study completely because the original implementer provided poor-quality results. HFG worked diligently to complete this massive undertaking within the remaining timeframe. The Activity Lead, Mr. Zida, spent over a month in Benin to collect data, hold stakeholder workshops, and validate and present findings.	It was incredibly difficult to produce a high-quality Actuarial Study in such a short timeframe. It required active participation from 25+ stakeholders via workshops, meetings, and reviews.
Activity 5: Inclusive Dialogue and Communications Support to ARCH		
Provide inclusive dialogue support to UCP	The consultant continued working with UCP-ARCH to plan for dialogues until September.	Unfortunately, the above-described delays to the Actuarial Study prevented the planned dialogues from taking place.
Provide communications support to ARCH	The consultant continued to contribute to important meetings with UCP-ARCH throughout Q4. He also prepared a communication strategy for the launch and implementation of the insurance pilot.	HFG provided UCP-ARCH with a draft communication plan and road map for the pilot phase.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 6: Conduct RAMU Rapid Assessment		
Prepare and disseminate assessment report	The UCP-ARCH reviewed the first draft and provided substantial feedback, including a request to incorporate data from another partner. The HFG consultant and other team members revised and re-submitted the deliverable in September.	It took several weeks for the other implementing partner to provide the relevant data, which caused delays in finalizing the report and limited time for dissemination activities.
Activity 7: Malaria Treatment Pricing and Policy Analysis		
Complete costing component	Mr. Zida completed the costing component based on feedback from the in-country working group, and the HFG team incorporated these findings into the final malaria report.	No follow-up required.
Conduct treatment reimbursement policy study component	Activity Lead Dr. Sophie Faye and her HFG colleague Hawa Barry travelled to Benin to hire and train data collectors for the study. In collaboration with the local consultant, the training took place successfully, and data collection proceeded throughout August. After data collection, the HFG staff and consultants analyzed the data and drafted the report. The report was submitted in September and is available for use by key stakeholders.	No follow-up required.
Activity 8: Operationalization of the ARCH Project Document		
Update the ARCH project document to incorporate the results of the studies and dialogues	HFG developed a general operationalization plan that the UCP-ARCH can refine and implement.	Project time constraints prevented production of a full operationalization plan informed by the Actuarial Study results and subsequent inclusive dialogues.

5.1.4 Botswana

Program Objectives - HFG's field program in Botswana is contributing to the Government of Botswana's goal to strengthen health systems and increase the efficiency of national health programs to address the health needs of the population, in particular, to protect and sustain gains made in HIV care and treatment.

The Government of Botswana and the Botswana U.S. Government (USG) team are working together to achieve a broad set of intermediate results to improve the efficiency of national health programs through activities including conducting a fiscal space analysis, developing a tariff-setting framework, designing new provider payment mechanisms for primary health care (PHC), and conducting communication workshops on health financing.

HFG support of the Ministry of Health and Wellness (MoHW) had two components. The first is technical assistance in the development of Botswana's health financing activities. The second, and perhaps more important, was facilitating the process of developing health financing products, including consensus building and establishing local ownership in order to ensure uptake, full ownership, and long-term sustainability of the results.

Year 6 Activities - The Government of Botswana and Botswana USG team are working together to achieve a broad set of intermediate results to improve the efficiency of national health programs. HFG continued work from Year 5 and introduced four new activities in Year 6.

- ***Activity 7: Support the development of an actuarial model to effectively finance the essential health services package that is sustainable.*** HFG's technical assistance built MoHW capacity to analyze health financing information so that it could develop an actuarial model to effectively finance a Universal Health Services Package (UHSP), making sure that the UHSP is affordable as well as sustainable. The sustainability analysis explored health financing in Botswana including accumulation of resources to cover the health needs of the population, especially costs of treating chronic conditions like HIV.
- ***Activity 8: Facilitate an iterative process for prioritizing a revised UHSP including HIV services (UHSP+HIV).*** HFG provided technical assistance to the MoHW in developing a framework for selecting a narrower set of cost-effective interventions, including HIV services. HFG helped the MoHW to link the package of services to a per capita premium and to the level of government subsidies needed to provide these services based on an expansion of the ongoing actuarial analysis exercise. This revised UHSP includes HIV services (UHSP+HIV) and was developed in a way that ensures it is affordable as well as sustainable.
- ***Activity 9: Develop a blueprint and implementation plan for national health insurance.*** HFG provided technical assistance to the MoHW and the Health Financing Technical Working Group (HFTWG) to develop a blueprint for a health insurance financial platform including insured HIV services. The main objective was to provide comprehensive information and a basis for determining the key design parameters such as target population, benefit package, risk mitigation measures, financing options, institutional arrangements, options of provider payment mechanisms, and contributions from different segments of the population.
- ***Activity 10: Conduct an analysis of fiscal space to sustain the HIV response, cover emerging non-communicable diseases, and guarantee delivery of the UHSP.*** Declining donor funds to support critical disease interventions and the future implementation of a national health insurance scheme requires securing funding for continued support. HFG provided technical assistance to the MoHW to build on the previous health financing landscape analysis and National Health Accounts to develop an analysis of the fiscal space for health for the Government of Botswana.

- ***Activity 11: Develop an institutional framework for setting service tariffs for hospital services.*** Introducing rate-setting programs can limit the increase in hospital expenditures over time, generating important savings for the health system. HFG worked with the HFTWG and the Government of Botswana to develop a framework for setting tariffs that sets clear policy goals to address payment equity and fairness.
- ***Activity 12: Design PHC provider payment framework to strengthen strategic purchasing.*** HFG supported the MoHW in designing a new provider payment framework for PHC that incentivizes efficiency and improves health outcomes. The payment framework provides policymakers with new tools to influence provider behavior and ultimately achieve policy objectives in the prioritization of resources and better outcomes, while improving efficiency.
- ***Activity 13: Conduct communication workshops to address health financing sustainability.*** HFG supported the MoHW to develop a communication strategy for workshops that the MoHW can hold to orient the major stakeholders referred to in the Health Financing Strategy to be familiar with the strategy, its execution, and their responsibilities.

Year 6 Progress Against Objectives - During Q1, a meeting of the HFTWG was convened with members from the MoHW, Medical Aid Schemes, fund administrators, regulatory bodies, the Ministry of Finance and Economic Development, and others. HFG presented the following reports: actuarial analysis report, the UHSP benefit package report, and the health insurance blueprint. In plenary discussions, participants provided feedback that will help refine the health financing arrangements proposed in the blueprint report. HFG presented an update of the HFTWG's work on the Health Financing Strategy and the health insurance blueprint to the Permanent Secretary and Minister of Health.

Preliminary work began on Activities 10-13. For the tariff-setting activity, the team reviewed the literature and identified key stakeholders to interview during a scoping trip in February 2018. A review of the literature surrounding provider payment mechanisms was conducted. The fiscal space analysis activity was reviewed to avoid replicating similar work conducted by UNICEF on fiscal space in Botswana. For the communications strategy, a call was held with the communications advisor at USAID/Botswana to provide an overview of the activity and determine next steps.

During Q2, the HFG team made a scoping trip to gather information for the development of the tariff-setting framework. The team drafted an inception report that outlined the tariff-setting landscape in Botswana, the economic and legal rationale for it, and country case studies that could inform the development of the tariff-setting framework. The team compiled a list of data requests to send to the MoHW.

Also during the trip, HFG met with economist Keith Jefferis to discuss the fiscal space analysis scope of work to ensure it does not duplicate the work he has done for UNICEF. As of March 21, 2018, Keith's UNICEF report was undergoing final revisions and he informed us it would be ready for review in late March or early April. HFG communicated with him to review the report and devise an appropriate scope.

A senior consultant, Tihomir Strizrep, was identified to begin laying the foundation to design the PHC provider payment framework for strategic purchasing. His experience in the area of strategic purchasing in different country contexts was useful in developing the framework for Botswana. A literature review was conducted and a scoping trip to interview key informants at medical aid schemes, PHC facilities, district health offices, and the MoHW was scheduled for Q3.

At the request of the MoHW, the HFG team revised the Health Financing Strategy and sent it to the ministry for feedback and approval. The communications teams prepared a draft communication plan that outlines how the revised strategy will be oriented to major stakeholders. The team conducted a rapid assessment of key areas of focus, key audiences, and existing capacities to determine the format of the workshops. The objectives of the workshop as well as a preliminary agenda were drafted. The plan

was sent to the MoHW and to obtain feedback to determine specific audiences, more detailed messaging, and facilitators for each session of the workshop.

During Q3, the inception report on tariff-setting was drafted and presented to HFTWG members at a meeting on May 31. Meeting participants discussed defining units of service, calculating the tariff, and implementing the tariff-setting cycle. The team requested and began compiling the data they need from the MoHW and private hospitals, including salary data and hospital-specific financial data. Validation meetings, planned for Q4, convened expert working groups to review the proof of concept tariffs and provide recommendations on the tariff-setting methodology. At the next HFTWG meeting in Q4, the team will present the proposed tariff-setting framework as well as the proof-of-concept tariff-setting exercise.

After reviewing Keith Jefferis' UNICEF report on a comprehensive fiscal space analysis on education, health, and social protection, HFG, the MoHW, and USAID agreed on a scope of work that would focus on additional fiscal space estimates that are tailored specifically to the health sector. This includes estimates of potential revenue from health insurance premiums and the projected funding gap based on multiple scenarios. In addition, cross-subsidization arrangements between a hypothetical national health insurance fund and medical aid schemes will be explored. HFG is awaiting a new dataset from the 2015/16 Botswana Multi-Topic Household Survey, which will be used for the analysis. Statistics Botswana has promised to share the dataset in July. If this doesn't happen, HFG will estimate fiscal space using older household survey data.

A literature and document review was conducted on the PHC provider payment framework for strategic purchasing and a preliminary report drafted on the PHC service delivery system, organization of PHC networks and referral linkages, and estimated numbers of patients they serve. HFG conducted a scoping trip in early May to interview key informants and stakeholders. The trip provided valuable information and led to the decision to hold a workshop on strategic purchasing to develop the knowledge base and capacity of key stakeholders to lead future reforms. The workshop was held in August and emphasized intersections with HFG's broader suite of health financing activities in Botswana.

As Q3 ended, the MoHW was reviewing the Health Financing Strategy and planned to present it to the Minister with a justification for moving the strategy forward. The ministry was aware it might need to go the Cabinet and Parliament for final approval and planned to advise HFG on when to schedule the communications workshop.

During Q4, on August 2, HFG held a strategic purchasing workshop for HFTWG members who engaged in rich discussion on strategic purchasing topics including provider payment mechanism, country experiences, and proposed reforms for Botswana. Findings from the activity's May scoping visit as well as reform proposals in the activity final report were presented for feedback. On August 3, the findings were also presented to the MoHW's senior management team. The findings were well received and produced recommendations for finalizing the strategic purchasing report. Throughout both days' meetings, synergies of the strategic purchasing and tariff-setting activities were discussed to clarify how HFG's various activities fit within Botswana's broader health financing reform agenda.

In August, HFG held validation meetings in Botswana with hospitals and groups of experts to discuss pending questions related to the data for and the clinical and technical aspects of the tariff-setting proof-of-concept analysis. On August 9, HFG facilitated a meeting of the HFTWG that focused on the proof-of-concept analysis and proposed framework. The feedback from the discussions informed the final report, which was shared with the MOHW and USAID at the final HFTWG meeting held on September 20, 2018.

HFG conducted a fiscal space analysis and finalized the report, which was presented at the HFTWG meeting in September. The report presents estimates of the potential revenue that could be generated for the health sector through various means, including VAT and health insurance contributions. In particular, the fiscal space analysis estimates the potential revenue to be gained from the health insurance contributions as envisioned in the NHI Blueprint Report. Fiscal space analysis is a key step in analyzing the feasibility of NHI and continuing the policy dialogue around how to finance the health system.

To finalize the health financing strategy, HFG held multiple meetings with the MoHW, in particular with Dr. Seipone (Director of Health Services) and with Mr. Moses Keetile (Deputy Permanent Secretary), and incorporated their feedback. The MoHW also shared a draft memo that will present the health financing strategy to the Cabinet, a necessary prerequisite to a communications workshop for stakeholders. Given the delays in the strategy being approved, the communications team decided to produce materials, including a PowerPoint presentation and an agenda, for a communications workshop to be held at a later date. The MOHW will be able to use the materials when facilitating the workshop.

Table 28 provides activity-specific updates.

TABLE 28. BOTSWANA ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 10: Conduct an analysis of fiscal space		
Conduct the fiscal space analysis for health	The fiscal space analysis for health was conducted.	
Prepare final technical report and policy brief and disseminate at a HFTWG meeting	The technical report and policy brief were finalized and disseminated at the HFTWG meeting on September 20, 2018.	
Activity 11: Develop an institutional framework for setting service tariffs		
Develop list of costs and tariffs to be vetted by HFTWG	The proof-of-concept cost analysis and illustrative tariffs were finalized and presented at the HFTWG meeting on August 9, 2018. The findings of the analysis are presented in the final report.	
Develop a tariff-setting framework and present to the HFTWG	The technical report was finalized and disseminated at the HFTWG meeting on August 9, 2018.	
Produce tariff-setting guidelines and disseminate at a meeting	The technical report was finalized and disseminated at the HFTWG meeting on September 20, 2018.	
Activity 12: Design PHC provider payment framework to strengthen strategic purchasing		
Conduct strategic purchasing workshop	The workshop was held on August 2, 2018.	
Develop PHC provider payment framework and technical report and disseminate	The technical report was finalized and disseminated at the HFTWG meeting on September 20, 2018.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 13: Conduct communication workshops to address health financing sustainability		
Develop communication workshop materials	A PowerPoint slide deck and an agenda for a communication workshop were produced and sent to the MoHW.	
Facilitate a communication workshop for MoHW and Government of Botswana officials	Cancelled due to a delay in the approval of the health financing strategy.	The MOHW now has materials they can use to hold a future workshop once the strategy is approved.

5.1.5 Côte d'Ivoire

Program Objectives –

1. **PEPFAR:** USAID/Côte d'Ivoire asked HFG to address two major areas in Year 5 (FY 2016): (i) human resources for health (HRH), and (ii) health financing. Côte d'Ivoire activities are primarily funded by PEPFAR; as such they contribute to achieving AIDS-Free Generation goals, and are in line with the PEPFAR Blueprint, which includes health systems strengthening under the pillar "Smart Investment."

   In Year 6, HFG continued work begun in Year 5 designed to assist the Department of Financial Affairs to strengthen the Inter-ministerial Domestic Resources Mobilization Committee for Health including HIV, and produce the Health Accounts. These activities were conducted in synergy with the World Bank project and the C2D program of the French Development Agency (*Agence Française de Développement*). Additionally, through the assistance provided to the Ministry of Public Health and Hygiene (*Ministère de la Santé et de l'Hygiène Publique*, MSHP) for strengthening HRH and in which Community Health Workers (CHWs) occupy an important place, HFG continued to collaborate with WHO, UNICEF, OneHealth Workforce, JHPIEGO, and the International Center for AIDS Care and Treatment Programs (ICAP) to implement HRH and specifically CHW policies.

2. **Ebola (Ebola Virus Disease, EVD).** In Year 6, HFG continued working collaboratively with the appropriate divisions of the MSHP (including the National Institute of Public Hygiene and the Planning Division) as well as the Global Health Security Agenda (GHSA) implementation partners and national institutions responsible for pre-service education of health care personnel (INFAS) to support the following activities:

   - Assist MSHP to develop an updated/costed national EVD Preparedness and Response Plan (including a template for subnational plan for selected health regions).
   - Assist the Government of Cote d'Ivoire (GOCI) with institutionalization of emergency response capacities in pre-service education.
   - Support the MSHP in the development of incentive schemes for EVD and other health emergencies.

Year 6 Activities -

1. **PEPFAR**

   - Build an advocacy case and obtain buy-in from other health sector donors and civil society to formalize the CHW role in the health/HIV sector. This objective included the finalization of the MSHP HRH strategy.
   - Support the MSHP to develop an advocacy plan for domestic resource mobilization (DRM) for increasing public funding for HIV/AIDS program.
   - Provide technical assistance to the MSHP to effectively track accurate information on expenditure in the HIV sector (HIV subaccount of National Health Accounts (NHA)).

- ***Activity 1: Build Advocacy Case and Obtain Buy-in from Other Health Sector Donors and Civil Society to Formalize CHW Role in Health/HIV Sector.*** In Year 5, through the support of technical working groups (TWGs) with key stakeholders and a consultant, HFG worked with the MSHP Department of Human Resources (*Direction des Ressources Humaines*, DRH) in identifying key needs and objectives linked to health goals such as the scale-up of HIV and AIDS care and treatment. With the Department of Community Health (*Direction de la Santé Communautaire*, DSC) HFG organized discussions around CHW issues in order to help build a more resilient health

system. Through technical and logistical assistance, HFG supported the development of a realistic costed strategic plan for the next four years.

In Year 6, HFG continued to support the MSHP/DRH in the development of the 2018-2021 HRH Strategic Plan and Monitoring and Evaluation (M&E) Plan. To achieve these goals, HFG supported TWG meetings and workshops and collaborate closely with MSHP and other donors to develop HRH -including CHW - policies and interventions.

Building on the TWG's intense efforts in the development of the 2018-2021 HRH Strategic Plan, USAID requested HFG undertake for Country Operational Plan 17 (COP17) Activity 3.7: to build an advocacy case and obtain buy in from other health sector donors (e.g., UNAIDS, World Bank, Global Fund, French Cooperation, UNICEF) and civil society, which resulted in the formalization of the role that CHWs play in the health/HIV sector. Again, HFG provided technical and logistical support to the TWG meetings and workshops, and participated in the strategic discussions related to CHW issues.

- ***Activity 2: Support MSHP to Develop an Advocacy Plan for DRM for HIV/AIDS Program.*** In Year 6, HFG continued work begun in Year 5 designed to assist the Department of Financial Affairs (*Direction des Affaires Financières*, DAF) and the General Directorate for Health (*Direction Générale de la Santé*, DGS) to improve their relations with the Ministry of the Budget (MoB) and Ministry of Economics and Finance (*Ministère de l'économie et des Finances*, MEF), in order to strengthen the Interministerial Domestic Resources Mobilization Committee for Health including HIV. This DRM Committee supported an advocacy strategy based on evidence including the results of a modeling study on benefits expected from increased government HIV funding.

  While working with the DAF and the DGS, and the DRM Committee HFG:

  - Supported the MSHP in organizing two work sessions to develop a framework for the DRM Committee (MSHP /MoB/MEF). Provided support to the DRM Committee (MSHP/MoB/MEF) to organize one meeting
  - Supported a modeling study to assess health and economic benefits (including future savings) expected from increased GOCI HIV funding (in collaboration with university or research institute)
  - Supported the MSHP in the organization of two work sessions to develop Technical Notes on DRM and HIV
  - Supported the MSHP to train 30 key actors in financial audit
  - Collaborated closely with the MSHP and other donors around DRM for HIV/AIDS financing issues through participation in workshops

- ***Activity 3: Provide Technical Assistance to Effectively Track Accurate Information on Expenditure in HIV Sector (HIV NHA subaccount).*** In Year 6, HFG continued to support the DAF to realize the Health Accounts 2016 exercise (with a focus on HIV subaccount) through the following activities:
  - Supporting the MSHP to print 2015 Health Accounts policy brief
  - Supporting the MSHP to organize a technical workshop to develop preliminary results for Health Accounts 2016
  - Supporting the MSHP to organize one workshop to review Health Accounts results from 2000 to 2016
  - Supporting the MSHP to organize one workshop to develop mechanisms to institutionalize data collection for Health Accounts

2. **Ebola (EVD).** In Year 6, HFG continued working collaboratively with the appropriate divisions of the MSHP (including the National Institute of Public Hygiene and the Planning Division) as well as GHSA implementation partners and national institutions responsible for pre-service education of health care personnel (INFAS) to support the following activities:
   - Assisting the MSHP to develop an updated/costed national EVD Preparedness and Response Plan (including a template for subnational plan for selected health regions).
   - Assisting the GOCI with institutionalization of emergency response capacities in pre-service education.
   - Supporting the MSHP in the development of incentive schemes for EVD and other health emergencies.

Year 6 Progress Against Objectives -

- ***Activity 1: Build Advocacy Case and Obtain Buy-in from Other Health Sector Donors and Civil Society to Formalize CHW Role in Health/HIV Sector. I***n Q1, HFG continued to support advocacy efforts to formalize the role of CHWs in the health sector. HFG supported the DSC to organize a workshop for CHW mapping data treatment and analysis on October 2-6, 2017, in Yamoussoukro. There were 14 participants (including two women) from the DSC, Department of Data Processing and Health Information (*Direction de l'Informatique et de Information Sanitaire*, DIIS), DRH, JHPIEGO, and UNICEF.

  HFG also supported the DSC to organize a five-day TWG work session to review the database to ensure accuracy of the information on October 16-20, 2017. Five participants (all men) from DSC and DIIS attended the work session.

  Additionally, HFG participated in the national validation of the Community Health Strategic Plan on November 9, 2017. On November 14-17, HFG participated in the Africa IBC-Health 2017 on "Operationalization of Community Participation and Digital Technologies in Health Action in Africa."

  In Q2 (February 5-9), HFG supported the DSC to hold a technical workshop to draft the first report of the CHW mapping exercise. Twelve participants (including three women) from DSC, DIIS, DRH, UNICEF, and HFG attended the workshop. In order to finalize the national HRH strategic plan, HFG assisted the MSHP in holding a technical working session on February 26-March 2 to cost the plan. Four people (the consultant, one participant from DRH, and two participants from HFG) participated in the session.

In Q3 (June 5), HFG participated in a work session at the WHO office to revise the HRH plan before the WHO-supported validation workshop, which took place at the end of June. Four participants (including two women) from DRH, WHO, and HFG attended the work session. The activity was completed in Q3.

- ***Activity 2: Support MSHP to Develop an Advocacy Plan for DRM for HIV/AIDS Program.*** In Q1, HFG signed a contract with the Economic Policy Analysis Unit (*Cellule d'Analyse de Politiques Economiques du CIRES* (CAPEC)) to work on a modeling study to assess health and economic benefits (including future savings) expected from increased GOCI HIV funding.

  To help the MSHP implement the audit function, HFG with MSHP counterparts held a financial audit training workshop in Q1 (November 6-10, 2017). The aim of the training was to strengthen the capacity of key actors/health officers to perform financial audits in health facilities. The 31 attendees (including one woman) came from four health regions and 16 health districts.

  In Q2 (February 1-3), HFG participated in a workshop held by CAPEC. The workshop aimed to disseminate and build consensus for the methodology to achieve the objectives of the modeling study. Twenty participants (two women) from the DAF, DIIS, Inspectorate General for Health (*Inspection Générale de la Santé*, IGS), National Pharmaceuticals Program (*Programme National de l'Activité Pharmaceutique*, PNDAP), National Program for the Fight against AIDS (*Programme National de Lutte contre le SIDA*, PNLS), National Institute of Health (*Institute National de la Santé*, INS), USAID, CAPEC, MEF, and HFG attended the workshop.

  In Q3, HFG participated in four work sessions with CAPEC to review the results of the modeling study and provide feedback. The first work session was held on April 4, 2018, at the HFG office. Nine participants (all men) from CAPEC, USAID, and HFG attended the session. The second work session was held on May 15, 2018, at the PNLS office. Nine participants (including one woman) from CAPEC, PNLS, and HFG attended. The third session was held on June 5, 2018, at the U.S. Embassy with 10 participants (all men) from CAPEC, USAID, and HFG. The fourth was held on June 12, 2018, at the CAPEC office with nine participants (including two women) from CAPEC, DAF, PNLS, INS, DGE/MEF, and HFG.

  In Q4, CAPEC finalized the three policy briefs and presentations targeting three different audiences.

- ***Activity 3: Provide Technical Assistance to Effectively Track Accurate Information on Expenditure in HIV Sector (HIV NHA subaccount).*** In Q1, HFG supported the DAF to organize a one-day (December 7, 2017) work session to review and finalize the policy brief related to the 2015 NHA. Five participants from the DAF and WHO attended the meeting.

  In Q2, HFG supported a workshop related to Health Accounts data analysis. The workshop was held on February 12-16, 2018. Twenty-one participants (including five women) from the DAF, PNOEV, PNSME, INS, Department for Planning and Strategy (*Direction de la Prospective, de la Planification et des Stratégies*, DPPS), DIIS, DGS, NPSP, PNLT, PNLP, PNLS, PNDAP, and HFG attended the workshop.

  In Q3, HFG supported a workshop to carry out in-depth reviews of the 2016 NHA policy brief. The workshop was held on April 9-13, 2018. Twenty-two participants (including five women) from the DGS, DAF, INS, PNOEV, PNSME, DPPS, DIIS, NPSP, PNLT, PNLP, PNLS, PNDAP, WHO, and HFG attended the workshop. In addition, HFG participated in a one-day work session on June 7, organized by DAF/MSHP to present the results of the 2016 NHA. These activities will contribute to sustaining the quality of the NHA. This activity was completed in Q3.

2. **Ebola (EVD). Assist MSHP to Develop an Updated/Costed National EVD Preparedness and Response Plan (including a Template for Subnational Plan for Selected Health Regions).** In Q1, HFG continued to support the GHSA secretariat to develop the National Health Security Plan. HFG supported 36 work sessions across four TWGs related to the development of the plan. Work sessions initially planned for September 12-October 12 were finally completed on December 7 in order to include essential stakeholders.

   At the end of the work sessions, a workshop was organized by the GHSA secretariat to put together the work of the TWG and draft the first version of the plan. HFG supported this workshop through a cost share with CDC and WHO. The workshop was held in Yamoussoukro on December 18-22, 2017. Twenty-eight participants (including seven women) attended the workshop.

   In Q2, HFG continued its support to the GHSA secretariat to develop the national health security plan. HFG supported three workshops during this period. The first workshop was related to the costing of the national security plan. It was held on January 15-19, 2018. Twenty-one participants (including five women) from INHP, DGS, LNSP, DC-PEV, LANADA, CIAPOL, IPCI, ACONDA, P&R, USAID, CDC, WHO, the Food and Agriculture Organization (FAO), and HFG attended the workshop. The second workshop concerned the technical validation of the national health security plan. Thirty-two participants (including nine women) attended the workshop. The third workshop was held from March 21-22, 2018 to finalize and cost the national health security plan. Twenty-five participants including eight women from INHP, LNSP, DSV, WHO, ONPC, DC-PEV, DGS, CIAPOL, IPCI, Ministry of Finance, Ministry of Agriculture, Ministry of Animal and Fishery Resources, USAID, CDC, CCP/BA, HFG/Abt Associates, FAO, attended the workshop. The activity was completed in Q2.

   Assist the GOCI with Institutionalization of Emergency Response Capacities in Pre-Service Education. In Q1, HFG supported INFAS to organize a workshop to validate the new curriculum including health emergencies. The workshop was held October 4-7, 2017, in Yamoussoukro. Twenty-two participants (including three women) from INFAS, Institut Pasteur de Cote d'Ivoire (IPCI), and the Predict project attended the workshop. The activity was completed in Q1.

   Support MSHP in the development of Incentive Schemes for EVD and Other Health Emergencies. In Q1, HFG supported the DRH to organize a workshop to validate mechanisms identified for motivating health personnel in the event of EVD and other health emergencies on October 4-7, 2017. The workshop was held in Yamoussoukro, and 21 participants (5 women and 16 men) attended the workshop. Activity was completed in Q1.

Q4 Challenges - The main challenge in Q4 was the delay in organizing a meeting with the DGS to share the findings of the CAPEC modelling study due to recent changes of leadership within the MSHP. The meeting did not happen in Q4.

Q4 Additional Information - *HFG End-of-Project Event.* The HFG EOP ceremony in Cote d'Ivoire was held on March 22 in Abidjan, presided over by the Deputy Chief of Staff, Dr. Ablé Ambroise, representing the Minister of Health; Mr. Jeff Bryan, USAID Country Representative; Dr. Bledi Felix, Inspector General of Health; Ms. Lisa Nichols, Côte d'Ivoire Country Program Manager for HFG; and representatives of technical and financial partners and key actors of the Côte d'Ivoire health system. The opening ceremony was led by Dr. Ambroise, who expressed appreciation for HFG support in strengthening the Ivorian health system. He thanked the USG for its invaluable support through the HFG project and congratulated HFG's Chief of Party and its entire team for the quality of their assistance. Mr. Bryan highlighted HFG's effective support of the MSHP in strengthening governance and health financing and the achievements made by the Ivorian health system through the project and promised USAID's continued support of Cote d'Ivoire's development objectives.

After an MSHP presentation on "Health system achievements with the support of the HFG Project and prospects for sustainability," heads of the various MSHP departments expressed their satisfaction with HFG support. USAID reiterated the USG's willingness to continue to engage with other partners to enable Côte d'Ivoire to have a successful health system and develop a culture of results and accountability in order to improve the health status of the Ivoirian people.

In Q3, HFG undertook a study using core funds to examine the impact of nurses and midwives in HIV task sharing. The study was finalized and sent for review by the HFG home office. This study will be shared with USAID Cote d'Ivoire upon finalization.

Table 29 provides activity-specific updates.

TABLE 29. COTE D'IVOIRE ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Support MSHP to Develop an Advocacy Plan for DRM for HIV/AIDS Program		
Support modeling study to assess health and economic benefits (including future savings) expected from increased GOCI HIV funding (in collaboration with university or research institute)	CAPEC finalized all policy briefs and presentation documents.	Recent changes within the MSHP delayed the organization of the meeting with the DGS, and therefore a final meeting could not be held before the project ended.

5.1.6 Democratic Republic of the Congo

Program Objectives - In Year 6, the HFG project works on nine activities. The first is assisting the Ministry of Health to implement the reform process. HFG assistance to the MOH is divided into three broad streams of work: support to the Secretary General's (SG) office in the overall reform process, institutional strengthening of two key central directorates, and in a second activity the establishment of two new provincial health divisions (Divisions Provinciales de la Santé, DPS). The third activity is to conduct a third training (similar to the ones conducted in Years 4 and 5) for central MOH and provincial staff on the basic concepts and principles underlying decentralization.

The fourth activity is the continuation of the support to prepare the Kinshasa School of Public Health (KSPH) to qualify for direct USAID funding. The fifth activity is to strengthen the Directorate for the Fight against Diseases and the General Health Inspectorate. The sixth and seventh activities provide limited institutional strengthening to the Faculty of Medicine in the University of Kinshasa and the National TB Program. The eighth activity is to train implementing partners in the use of the PICAL tool and the ninth and final activity is a close-out event.

These activities are expected to have the following core results.

- Constituency built within MOH that supports and facilitates the MOH reform process; this will facilitate MOH efforts to improve coordination of stakeholders within the ministry.
- Key central MOH directorates with improved capacity to function under the decentralized system.
- Two DPS assume new roles under the reform process.
- KSPH with a financial management system that qualifies for direct USAID funding.
- Increased understanding of core concepts and principles of decentralization by a wide range of key Government of the Democratic Republic of the Congo (GoDRC) officials.

Year 6 Activities - The summaries of these activities are as follows:

- ***Supporting MOH Reform.*** With technical support from the Directorate of Studies and Planning (DEP), the SG is responsible for the overall coordination and monitoring of the reform process within the health sector including the development of regulations and norms, development of roadmaps and action plans, building of support for the reform process, and implementation of new organizational structures at all levels. HFG provides targeted support to the SG's office in carrying out these functions. This consists of support to ensure the continued participation of the SG's office in three commissions operating under the new National Steering Committee for the Health Sector (*Comité National de Pilotage, Secteur de la Santé*, CNP-SS) and the production of two issues of the magazine on the reform
- ***Institutional Strengthening of Central Directorates.*** USAID initially identified three key central directorates to support in the reform process and proposed that technical assistance be provided to operationalize these offices. The three directorates were the Directorate of General Services and Human Resources (Direction des Services Généraux et des Ressources Humaines, DSGRH), Directorate of Financial Affairs (Direction Administrative et Financière, DAF), and the Directorate of the Organization and Management of Health Services (Direction de l'Organisation et de Gestion des Services des Soins de Santé, DOGSS). Although the basic attributes of these offices had been established in the "Cadre Organique," their operationalization (as well as others within the MOH) and the details of their interactions with the provincial structures had not yet been fully defined.

  As reported in Y4Q4, because the DAF's legal framework, initially planned for FY17, was not in place, it was decided that HFG would not start to provide it technical assistance due to lack of time left on the project.

- ***Establishing Provincial Health Divisions.*** HFG has provided assistance to two DPS, Haut-Katanga and Lualaba, since 2015. The focus of HFG's assistance is to ensure effective and efficient functioning of the DPS with the development of operational plans, a roadmap for the integration of specialized programs, and capacity strengthening (using the PICAL tool as the basis for the capacity-strengthening plans) for both DPS. HFG has led the delivery of trainings in team building, leadership and management, and financial management, thus strengthening accountability and management capacity, and installed IT equipment and office furniture in both DPS.

  In Year 6, HFG continues to provide assistance to the DPS in a myriad of areas such as (1) supervision and coaching missions of the ECDPS in the health zones, (2) development of the 2018 Annual Operational Plan (PAO), (3) meeting of the three provincial working groups in Governance, Human Resources, and Specialized Program Integration, and (4) support to the annual meeting of the Provincial Steering Committee (Comité Provincial de Pilotage, Secteur de la Santé, CPP-SS).

- ***Strengthening KSPH's Financial Management.*** KSPH is the premier institution in the DRC for training of public health professionals, many of whom become managers at different levels of the health system and some who become the public health leaders in the country. The core of the school is its master's-level programs in public health. A wide range of donors and implementing partners seek to work with KSPH in their activities, often engaging KSPH as a sub-awardee on specific projects. In addition, for many years, USAID has provided funding for scholarships to KSPH through a variety of contractual mechanisms including Health Systems 20/20, the predecessor project to HFG, African Strategies for Health (ASH), and HFG. Consistent with the objectives of USAID Forward, USAID/DRC would like to strengthen KSPH financial management capacity so that USAID can provide direct funding for scholarships to KSPH and potentially for other activities in the future. This will require strengthening KSPH's financial management system so that it meets generally accepted accounting standards and ensuring the organizational commitment by the Management Committee to strengthen its financial management systems. Health Systems 20/20 provided assistance in the area of financial management, but concluded at the end of its activity that more remained to be done in this area for KSPH to become a direct recipient of USAID funding.

  In FY 18, HFG's focus is to consolidate its work to date and evaluate progress using the same Organization Capacity Assessment (OCA) tool used in the beginning of the activity.

- ***Decentralization Training for MOH Officials.*** In FY16 and FY17, at the request of USAID, HFG helped support the development and delivery of a decentralization course for senior leadership at the MOH and provincial levels including key specialized programs (FY17). The objective of the course was to train the MOH on basic concepts and principles of decentralization (following the MOH reform). Led by KSPH, with the guidance of Dr. Thomas Bossert (Harvard University, School of Public Health), the course successfully trained a pool of approximately 75 participants per course including the MOH, DPS, and other key stakeholders involved in the reform.

  In Year 6, HFG will support a third course for selected target groups identified by USAID, KSPH, and the MOH.

- ***Strengthening the Directorate for the Fight against Diseases and the General Health Inspectorate Workforce.*** With the MOH organizational framework in the process of being finalized and in recognition of the value of the employment reference document developed for DSGRH and the DOGSS, HFG will develop employment reference documents for the Directorate for the Fight against Diseases and the General Health Inspectorate in order to help strengthen their workforce.

  The activity helps to define the main mandate and the profile of each position and clarify the competencies required for each job.

- ***Institutional Strengthening of Faculty of Medicine.*** The Faculty of Medicine, located in Kinshasa, is one of a kind in the country, providing medical training and social services to communities in DRC. It includes KSPH, University Clinics, and the Center of Neuro Psycho Pathology. However, in the last couple of years, the Faculty of Medicine has seen its performance decrease (compared to medical schools in neighboring countries) and its relationship with its three institutions suffer. In FY17, HFG supported the institutional analysis of the Faculty of Medicine using the PICAL tool and the development of a strategic plan. In FY18, HFG has supported the implementation of three main strategic plan activities, training in Team Building and Leadership and Management, in Lobbying and Advocacy, and in Administrative Management.
- ***Institutional Analysis Using the PICAL Tool.*** At the request of USAID, HFG piloted the use of this tool and has since administered the PICAL tool 13 times in both central and provincial structures to assess organizational needs and develop capacity-strengthening plans to address the gaps. As a result, the HFG team has acquired significant experience that would be of great benefit to other implementing partners as well as MOH staff to increase the use of this tool. To build this capacity, HFG has trained MOH staff in the use of PICAL as a self-assessment tool.
- ***Close-out Event.*** USAID through its implementing partner HFG has had a visible and successful impact in furthering what is perhaps the MOH's most important policy objective of implementing reform. In order to ensure USAID's visibility and disseminate the important lessons learned, HFG has organized a half-day close-out event for the key structures that HFG has assisted.

Central Level

- ***Overall reform process:*** In Q1, as part of its active participation in three technical commissions of the CNP-SS (Governance, Human Resources, and Financing), on September 20-29, HFG attended the workshop on the adoption of the training modules in primary health care. This initiative came after HFG's support in the training of the executive teams of the Haut Katanga and Lualaba DPS in the management of primary health care services. The workshop was attended by 20 experts from the MOH and the Ministry of Higher Education. At the end of the workshop, the two ministries had standardized the primary health care training modules.

  For the launch of the operational planning process, the SG invited the HFG team to participate in the technical meeting to validate the framework of the 2018 operational planning of the structures at the central level (central directorates and specialized programs) and at the provincial level. The meeting was organized by the CNP-SS Technical Coordination Committee and held on October 12, 2017. On October 18, the validation of the operational planning framework or tools took place in a workshop chaired by the Minister of Health for political approval. It should be noted that in anticipation of those two workshops, the Governance Commission met for validation of those important frameworks and to make sure that the guidelines were followed.

  In Q2, HFG coordinated with the Director of DEP to plan the Magazine on the Reform of the Ministry of Health n° 3. Experts from the various services were contacted and seven articles were transmitted to HFG for the first draft before sending it to the designer for layout. The Magazine will be published and distributed when fully validated.

  In Q3, progress was made in finalizing the development of the Magazine. However, the validation of the editorial by the Minister delayed its publication so it could not be distributed during the close-out ceremony on June 13. The Magazine and the final report of the project will therefore be disseminated in mid-July during the administrative close out of the Project.

Central Directorates

- ***DSGRH.*** During Q1, HFG provided support to the DSGRH in developing its PAO. Having already supported the development of the DRH 2016-20 strategic plan and the National Plan for the Development of Human Resources for Health, HFG facilitated the workshop to develop the PAO. The directorate is now equipped with an essential management tool for improving its management performance. The PAO made it possible to define and determine its scheduling and budgetary framework as well as its operating budget. The workshop, held on October 26-31, 2017, was attended by DSGRH experts including 1 director, 3 division chiefs, 7 office chiefs, 4 unit chiefs, 2 clerks, 1 secretary, 13 administrators-managers, 1 economist, 1 attorney, 1 engineer, 1 computer specialist, and 4 administrative persons. There were 5 women and 15 men.

  A second activity in Q1 was the institutional analysis conducted on November 2-17, 2017, with the specific goals of identifying strengths and weaknesses, opportunities and threats, and producing a plan to strengthen the institution. The plan will be shared with the DSGRH for validation and adoption. This analysis allowed HFG to measure the progress that has been made since 2015. The report on that analysis is being completed before submitting the results to MOH authorities, specifically the SG for Health. In keeping with the tool's methodology, three persons from DRH performed this self-evaluation along with JICA as the external partner.

  Additionally, from November 28 to December 2, HFG participated in the workshop to prepare the HRH directory organized at INPESS. On December 7, the directory was validated in a special meeting of the Technical Commission of Human Resources, with JICA-HFG/USAID co-financing.

  In Q2, the HFG team supported the updating of the employment reference document for the Department of Human Resources (DHR) during a workshop held in the HFG office on February 7-11. The employment reference is now completed and aligns with the new organic MOH framework and structures signed and published by the Ministry of Public Function in April 2017. The reference document allows management to easily develop job descriptions for all positions, like the 16 additional job profiles deemed necessary for the expansion of the Office of Continuing Education last year. The workshop was attended by 20 participants from different organizations and professional levels including three experts from the Public Administration Reform Implementation Unit (CMRAP/ FP) of the Ministry of Public Function as well as 17 from the DHR.

  In Q3, HFG organized a workshop on lessons learned from the experiences acquired by HFG in working with the DRH and DOGSS over the past three years. Director Ngilo, former Director of the Department of Medical Equipment and Supplies, noted "starting from the institutional analysis using the PICAL tool, through the various workshops and trainings, HFG demonstrated the effectiveness of its approach and made an undeniable contribution to the reform process. There has been a tangible impact of strengthening the capacity of DRH and the DOGSS, resulting in the improvement of key skills, in understanding key management concepts, and in the mastery of key tools in results-based management." The workshop on lessons learned based on experiences with the DOGSS was held on May 7-9 and with the DRH on June 1-2.

  HFG also conducted a five-day workshop in May for the key operating units that benefited from institutional assessments using PICAL. The training was aimed at developing the capacity of these structures to conduct the institutional assessment without outside assistance.

- ***DOGSS.*** In Q2, HFG conducted training for newly designated DOGSS senior staff in results-based management (RBM). The RBM training was provided jointly for D2, D5, and D13 staff from February 26 to March 3. Thirty participants (23 men and 7 women) attended the training, which was conducted by an HFG consultant and a senior official of the MS General Secretariat.

A highlight of the training was the development of key RBM tools for two of the divisions. Participants were grouped by divisions/services to produce the tools for their services; the tools are the Logical Framework, the Performance Measurement Framework, and Risk Analysis.

- ***DEP.*** In Q1, HFG received draft terms of reference (TOR) from the DEP and discussed the proposed activity on resource allocation with USAID. It was determined that revised TOR should focus on the effective allocation of the State's own resources and resources of certain donors and partners. The views on the TOR still needed to be revised to harmonize with the DEP.

  In Q2, the DEP and HFG agreed on the revised TOR. HFG identified the two consultants. Work began in April.

  In Q3, the preliminary report of the study on the allocation of resources for the implementation of the priorities of the 2011-2015 and 2016-2020 National Health Development Plans was drafted. The report was reviewed by HFG and by USAID and comments and observations incorporated into the report. The final report was ready in July for dissemination.

Provincial level

In Q1, HFG supported the DPS of Haut Katanga and Lualaba to defend the PAOs of their health zones. The zonal PAOs were consolidated into the DPS PAO to produce the Annual Operating Plan of the Province. The two DPS workshops to support the PAO were held simultaneously on October 30-November 6.

On October 20-23, HFG participated in the workshop for briefing of National Multi-Purpose Managers (Encadreurs Nationaux Polyvalents, ENP), who are tasked with supporting 2018 operational planning at all levels of the health pyramid. Logistical support was also provided as part of the CNP-SS Governance Commission.

On November 9-10, HFG participated in evaluating the performance and commitment of all stakeholders in carrying out the activities of the Quarter 3 Work Plan (PTT3) and the "contrat unique" of the Lualaba DPS. The evaluation was done by the Provincial Minister of Health of Lualaba, according to letter No. 344/CAB/MIN/SE CA/P.IBA /2017 of 11/08/2017 under the principle of accountability contained in the clauses of the "contrat unique."

The Lualaba DPS carried out its responsibility of supervising health zones from December 15-31 with HFG support. This activity was included in the evaluation of the contract unique of the DPS that took place in February. HFG, as the lead for all partners of the Lualaba DPS in the contrat unique, evaluated the 2017 fourth quarter performance of the DPS (Q1 for HFG FY 2018). The evaluation report was prepared and shared with the Inter-Donor Group of the Health Sector (GIBS).

In Q3, the chiefs of Haut Katanga and Lualaba DPS participated in the international course on Decentralization in the Health Sector. Also, DPS staff from Lualaba and Haut-Katanga participated in the training in the use of the PICAL tool that was organized for the benefit of institutions that benefited from one or two institutional analyses with PICAL. There were two participants from the Haut Katanga and Lualaba DPS, both chiefs of the technical support office.

- ***KSPH Financial Management.*** In Y6Q1, HFG provided the following support:
  - *Development of 2018 annual budget:* The Commission was set up following memorandum 05/ESP/07/2017 of July 28, 2017. The expenditures section was available, but the income section was still missing. KSPH was waiting for the final list of students who would be enrolled as well as announcement of the other donors of the scholarship grants.
  - *Internal audit report:* The internal auditor produced three reports that the Management Committee is validating. However, the role of the internal auditor is not well known or understood by the accountants. KSPH management has already informed all parties.

- *Support of external audit:* The external audit of administrative expenses was carried out in September 2017. An addendum to that report must be made to correct omissions observed in the report presented by the audit firm, specifically the validation of the rate of indirect costs.
- *Indirect cost determination and tracking:* The financial officer was preparing the tables on the determination of indirect costs.
- *Monthly meetings with the Management Committee and USAID:* The November 14 meeting refined the recommendations from the financial review of September 2017. There were eight participants: six from KSPH and two from HFG.

In Y6Q2, HFG provided the following support:

- *Development of 2018 annual budget:* The Commission was set up following the memorandum 05 / ESP / 07/2017 of July 28, 2017. The budget is available and was validated by the KSPH Management Committee.
- *Internal audit report:* The internal auditor produced seven reports, one of which relates to the current quarter.
- *Support of external audit:* The external audit was conducted by the firm Business Management Consultants Group. The audit began in September 2017 and the final report was submitted and validated in February 2018.
- *Indirect cost determination and tracking:* The 2017 report is available. The manager of the One Health Central and Eastern Africa (OHCEA) project is waiting for the approval of project headquarters before sharing the report. HFG is waiting for this follow-up from the KSPH Director.
- *Monthly meetings with the Management Committee and USAID:* There were no meetings this quarter. However, the KSPH management and the HFG team had ongoing contact. The focus of this quarter was mostly on the external audit.

In Y6Q3, HFG provided the following support:

- *Internal audit report:* The internal auditor did not produce any reports this quarter, saying he was waiting for the framework from the external audit firm.
- *Support of external audit:* Business Management Consultants Group produced a charter and a framework for internal audit as two tools to strengthen the internal audit function.
- *Indirect cost determination and tracking:* The indirect cost rate is 12 percent for 2017, calculated based on the reports from Quickbook.
- *Monthly meetings with the Management Committee and USAID:* The focus was on the review of 2017 deliverables and the evaluation by HFG.
- *Final evaluation by HFG consultant:* HFG undertook an evaluation of the capacity building in financial management of KSPH using the same OCA tool as in 2015. This exercise was intended to assess the impact of HFG assistance and to determine whether KSPH meets the criteria to receive direct funding from USAID funding as well as from other donors without going through intermediary structures. The report was finalized and shared with USAID as well as the school.?

- *Management Committee retreat:* The retreat with the Management Committee was held on June 22 with the participation of two KSPH directors, USAID Project Manager, HFG Financial Advisor, HFG Chief of Party, and the consultant Toss Mukwa as the facilitator. At the end of the retreat, the management committee, considering the recommendations, agreed to restructure its organization, improve information sharing and communication, and integrate some of the weaknesses identified during the institutional analysis into its 2017-2022 strategic plan.

- ***Decentralization Training for Government of DRC Officials.*** In Q1, communications were sent to KSPH to start the contracting process by developing draft TOR that will serve as the basis for a sub-award from HFG. The workshop is planned for Q3.

  In Q2, the sub-award was completed and sent to the HFG AOR for approval. Additionally, the preparations for the decentralization training were finalized. The profile of the participants was validated during a meeting that brought together the KSPH Management Committee, USAID, HFG, and course coordinator Professor Ngo Bebe on February 14. Meeting attendees also discussed the institutionalization of the course in KSPH and posted information about it on the school website. This resulted in an explosion of requests to participate in the course, which also could facilitate the institutionalization next year, after HFG has ended. It is important to note that the prospects for sustainability are positive given this level of interest.

  In Q3, the third international course on "Decentralization of the Health Sector" was held on April 23-27. Unlike the first two editions held in 2016 and 2017, which benefited from the support of an external expert, the third was carried out only with the expertise of KSPH and senior MOH staff, thus institutionalizing the capacity of the course delivery. There were 46 participants including 17 women. The final report of the course and the course evaluation were finalized and disseminated.

- ***MOH National Program for Reproductive Health.*** The institutional analysis of the MOH National Reproductive Health Program (PNSR) took place in Q1 (September 6-21, 2017). With the appointment of new directors and assistant directors in the MOH's various specialized programs, the presentation was planned for January 2018.

  Analysis results were presented in Q2 (on February 23, 2018) to the Management Committee and program staff at the PNSR office. The meeting was attended by a total of 38 participants including 27 PNSR staff and 11 staff from technical and financial partners including USAID, Tulane University, WHO, Maternal and Child Survival Project, Rural Health, and others. Such diverse participation allows for greater ownership and stakeholder engagement in the organizational strengthening process. This activity was completed in Q2.

- ***Strengthening the Directorate for the Fight against Diseases.*** Given the success in developing the DHR and DOGSS employment reference documents following the signing and publication of the new organic MOH framework and structures, the General Secretariat for Health asked USAID for support in doing the same exercise with the General Directorate for the Fight against Diseases. Thus, with USAID's financial support, HFG organized a workshop on March 6-11 to develop the employment references for all 199 positions of the directorate. The workshop brought together 23 experts from different sub-directorates including the General Directorate for Disease Control (17 staff), the Hygiene Department (3 managers), and the Laboratory Department (3 managers). Three officials from the CMRAP also attended. The report of the activity was validated and the activity concluded in Q2.

- ***Strengthening the General Health Inspectorate Workforce.*** Given HFG's experience on the development of the employment reference documents and satisfactory results for the DRH and DOGSS, in Q2 the Inspector General for Health asked USAID for support in doing a similar exercise for his own office. From February 12 to 17, HFG led a workshop to develop these employment references with the technical support of CMRAP. Through a participatory process, the

employment references for all 78 positions were produced. The workshop was attended by 21 participants from the General Health Inspectorate and five officials from CMRAP. The report of the activity was drafted and the activity, concluded in Q2.

- Institutional Strengthening of the National Program for the Fight against Tuberculosis. In Q2, the institutional analysis of the National Program for the Fight against Tuberculosis (Programme National de Lutte contre le Tuberculosis, PNLT) using the PICAL tool was conducted from February 6 to 21. The process started on January 23 with a working session with the PNLT Director and staff to share the methodology and appoint the members of the self-evaluation team. The process ended with a meeting on February 27 to present the results to PNLT staff and partners in order to obtain feedback from stakeholders. The meeting was attended by 55 participants. The PNLT partners included Action Damien, USAID, and WHO. The report was validated and the activity was concluded in Q2.
- Close-out Event. The HFG EOP event was held on June 13 with the participation of the Chief of Staff of the Minister of Health, SG, and Director of the USAID Health Office. The HFG team presented the five overall HFG results achieved over the life of the project. All clients, including the directors of the departments of DRH, DEP, KSPH, and the Lualaba provincial Minister of Health, expressed their appreciation of the effective support from the project. Fifty-one people attended the closing ceremony including provincial ministers of health from Lualaba and Haut Katanaga, senior MOH officials, USAID, and partners.

  The program was completed in Q3

5.1.7 Ethiopia

Program Objectives - The overall goal of HSFR/HFG support in Ethiopia was "increased utilization of health services". Program objectives were to:

- Improve quality health services;
- Improve access to health services;
- Improve governance of health insurance and health services; and
- Improve program learning.

Year 6 Activities - HSFR/HFG Ethiopia's scope of work focused on supporting the government of Ethiopia to increase utilization of health services through technical assistance to health care financing (HCF) interventions and reforms that improve the governance and quality of health services. The overall focus of the final project year was to: 1) Transition project activities to the extent possible to the Government of Ethiopia and other local counterparts at all levels of the health system; 2) Continue support for the implementation of HCF reforms in newly constructed facilities and new regions, and consolidate their implementation in regions and health facilities that have been implementing the wide range of reforms for a relatively longer period of time; 3) Sustain support for scaling up community-based health insurance (CBHI) in all regions of the country while supporting preparation for launching of social health insurance (SHI); and 4) Continue to disseminate results and implementation lessons learned; 5) Develop end of project (EOP) communication materials, hold EOP events, and conduct close-out.

- ***Improve quality of health services:*** To further build capacity to institutionalize reforms, the focus this year was providing HCF and financial management training at federal, regional and health facility levels, and continued advocacy for critical finance staff and the approval of HCF focal persons positions within the government structure in regions. Support was also provided in advocating to woredas and providing technical assistance to them in auditing health facilities in Tigray, compiling revenue retention and utilization plans and facilitating their appropriation in Amhara and Benishangul-Gumuz, and customizing private wing and outsourcing reform implementation guidelines for Addis Ababa.
- ***Improve access to health services:*** HSFR/HFG planned to continue providing technical support for health insurance and the establishment of CBHI schemes, and to build government counterpart capacities to perform and provide oversight of reforms more independently. HSFR/HFG tasks related to protection mechanisms for the poor through fee waivers and targeted subsidy in CBHI implementing woredas were to continue, with a focus on building government counterparts' capacity to perform and provide oversight of these reforms more independently. Project activities related to strengthening the provision of select public health services free of charge through the exemption system were expected to be primarily limited to advocacy and follow-up monitoring.
- ***Improve governance of health services and health insurance:*** Effective health insurance and health facility governance systems are necessary for enhancing transparency, which in turn develops trust and confidence as well as efficiencies in these systems. Good governance supports health insurance schemes to make strategic purchasing choices and ensure benefit packages cover priority health care services, including those aimed at reducing maternal, newborn, and child morbidity and mortality and at achieving AIDS Free Generation goals. In Year 6, HSFR/HFG planned to conduct training of trainers sessions, to roll out training on health facility governance in several regions, and to support the establishment of governing bodies for newly constructed health centers in Afar. A code of conduct for health facility governing body meetings was to be developed for use in institutionalizing operations of the governing bodies. The project also planned to continue

supporting improved networking and experience sharing among board members through review meetings and workshops, and HCF thematic meetings. The Ethiopian Health Insurance Agency (EHIA) was also to receive continued support through CBHI refresher training, regular consultation and review meetings on health insurance implementation, and technical support in preparing program budgets, annual work plans, and progress reports. With respect to SHI, HSFR/HFG planned to provide the government with updated SHI revenue and expenditure forecasts to support them with decision making.

- ***Improve program learning:*** HSFR/HFG intended to continue strengthening program learning and the availability of evidence related to HCF reforms, including insurance. It also planned to continue reporting on project performance and helping the Federal Ministry of Health (FMOH) to institutionalize Health Accounts within the Resource Mobilization Department for conducting future Health Accounts and related studies. Health Accounts policy briefs based on the Health Accounts VI exercise conducted in Year 5 were targeted for finalization and disseminated. In addition, HSFR/HFG anticipated conducting analyses and assessments on topics related to CBHI, HCF reform implementation, and private wings, and develop technical briefs and videos on HCF and CBHI.

  Regular supportive supervision of CBHI schemes and their units was planned to be conducted jointly with EHIA and regional health bureaus (RHBs), albeit with less frequency and at fewer health facilities as the project phased out and EHIA did regular supervision. HSFR/HFG anticipated participating in and supporting government ISS. Supportive supervision has been an important tool for allowing the project and government counterparts to identify valuable information on health facilities and CBHI scheme performance; provide on-the-spot technical support to health facilities, CBHI schemes, and local authorities; and generate valuable data on progress and challenges related to different components of the reforms. HSFR/HFG planned to support the FMOH in identifying institutions capable of sustaining HCF reform training.

Year 6 Progress Against Objectives - By the end of the project, available data collected from CBHI implementing regions indicated that:

- At different stages of development, 512 woredas were implementing the CBHI program in Amhara, Oromia, SNNP, Tigray, Benishangul-Gumuz, and Harari regions, and in Addis Ababa and Dire Dawa city administrations. Of these, 291 CBHI schemes were providing benefit packages for beneficiaries. The remaining woredas were conducting preparatory activities such as community mobilization, membership enrollment, contribution collection, and indigent selection.
- Of the 8.8 million eligible households in the CBHI implementing woredas (in Amhara, Oromia, SNNP, and Tigray), over 4.6 million had joined CBHI schemes. The household enrollment rate was 53 percent of eligible households.
- Nearly 21 million beneficiaries in Ethiopia had financial protection through CBHI.
- Since January 2013, nearly 17 million visits had been made by CBHI beneficiaries to health centers and hospitals.
- Since July 2013, CBHI schemes in Amhara, Oromia, SNNP, and Tigray combined had generated 739,728,421 billion birr (about $27 million) from member contributions and registration fees.

Table 30 provides activity-specific updates.

TABLE 30. ETHIOPIA ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Improve quality of health services		
Support a two-day auditors review meeting	**Oromia:** HSFR/HFG in collaboration with the region's Bureau of Finance and Economic Cooperation and RHB conducted a two-day (August 25-26, 2018) auditors' annual review meeting in Bishoftu town. The objectives of the meeting were to: jointly review audit findings of public health facilities and CBHI schemes documented by the Bureau's zone auditors; examine implementation challenges identified by the audit; share audit experiences among zones; facilitate audit coverage and improve quality of audit undertakings; and jointly devise mechanisms to further enhance audit undertakings in health facilities and CBHI schemes. HSFR/HFG gave a presentation on the basic concepts and main components of HCF reforms, main design parameters, and key provisions of the CBHI program. Six zones (East Hararghie, East Shoa, Illu Ababora, Oromia special zone, West Shoa, and West Hargie) presented their audit findings. A total of 107 persons (82 men and 25 women) participated in the meeting.	
Provide training on HCF reform implementation	**Oromia:** HSFR/HFG in collaboration with the RHB organized two-day trainings in Adama town (July 16-17, 2018), Ambo town (July 19-20, 2018), and Nekemte town (July 23-24, 2018). The objective of the training was to enhance health facility governing board knowledge and skill in implementing HCF reform in general and board roles and responsibilities (health facility governance) in particular. The training included: HCF reform concepts, regional HCF legal framework, progress and achievements of HCF reforms, implementation challenges, and roles and responsibilities of facility governing boards. Most trainees were newly assigned board members due to a recent government restructuring process. Trainers explained the role HCF reform and the CBHI program have played in improving equity and quality in health care service provision, enhancing resource mobilization, and improving leadership. Trainees underlined the need to strengthen the functionality of boards and monitoring and evaluation of reform implementation at all levels. A total of 244 facility governing board members (237 men and 7 women) attended the training; they were from selected facilities situated in nine zones. **Tigray:** In collaboration with the RHB, organized a two-day training of trainers /basic refresher training on HCF reform for Mekelle and Axum health science colleges and research institutes. The objective of the training was to enhance the capacity of staff at these institutions on HCF reform and to ready the trainees to properly execute and cascade trainings. The RHB assigned the institutions responsibility for providing training on HCF reform up to the facility level. Twenty	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	persons (19 men and 1 woman) attended the training.	
Provide financial management and/or audit training	**Amhara:** Organized a three-day (August 27-29, 2018) training on CBHI financial management systems in Dangila town. On the first day, trainees held a review meeting to identify challenges they have experienced with the systems. This was followed by training on the observed gaps. A total of 159 CBHI accountants (111 men and 48 women) from CBHI schemes, zonal CBHI accountants, the Dessie EHIA branch office, the USAID Transform: Primary Health Care project Dessie field office, and RHB CBHI coordinating unit attended the training.	
Activity 2: Improve access to health services		
Establish CBHI schemes	**Overall:** At the end of the project, 512 woredas were at different stages of implementing the CBHI program in Amhara, Oromia, SNNP, Tigray, Benishangul-Gumuz, and Harari regions, and in Addis Ababa and Dire Dawa city administrations. Of these, 291 CBHI schemes were providing benefit packages for beneficiaries. The remaining woredas were conducting preparatory activities such as community mobilization, membership enrollment, contribution collection, and indigent selection. **Oromia:** HSFR/HFG in collaboration with the RHB, EHIA branch offices, and the USAID Transform: Primary Health Care project provided technical support in validating the fulfillment of CBHI preparatory activities (i.e., a minimum enrollment of 50%, contribution collection, indigent selection, and data entry) in five newly selected CBHI woredas (Welmera, Berek, Akaki, Goro, and Ejersa Lefo).	
Households enrolled in CBHI schemes	At the end of the project, of the 8.8 million eligible households in CBHI implementing woredas in Amhara, Oromia, SNNP, and Tigray, over 4.6 million (53%) had joined CBHI schemes. Nearly 21 million beneficiaries had financial protection through CBHI.	
Beneficiaries utilizing health care through CBHI schemes	Between January 2013 and the end of the project, CBHI beneficiaries had made about 17 million visits to health facilities.	
Provide CBHI implementation training for scheme staff, cabinet members, executive organs, and others	**SNNP:** Organized a two-day (July 4-5, 2018) training for newly recruited CBHI executive staff in Hossana town. Training included the revised CBHI directive, financial management, and data management and routine reporting of CBHI scheme performances. Trainers provided practical examples on recording financial transactions into journals, posting the transaction into ledger accounts, and preparing trial balances, worksheets, and financial reports using flip charts and other training aids. This was followed by group work and assignments to enhance trainees' knowledge and skills and make the training interactive. Trainers responded to various trainee questions. Trainees stated that the training topics were helpful in enhancing their knowledge and skills	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	and executing their roles and responsibilities in an effective and efficient manner. A total of 104 CBHI executive staff (88 men and 16 women) from 28 woredas in three zones (12 woredas in Guraghie, 9 in Siltie, and 7 in Hadiya) attended. **Tigray:** Organized a three-day (July 18-21, 2018) training for newly recruited CBHI executive staff (for existing and new CBHI implementing woredas) in Wukro town. Training content included: CBHI concepts, principles, and features; procedures to officially stablish a CBHI scheme (i.e., photographing members for membership ID cards, CBHI ID card preparation and distribution, enrolling at least 60% of eligible households, signing contract agreements with providers, CBHI Financial Administration and Management Systems (FAMS), and data management at woreda and kebele levels). The training included practical exercises on CBHI data management, for example, on how to encode and organize CBHI beneficiary and service utilization data using computers in the Kilte Awlaelo ICT center. HSFR/HFG and EHIA Mekelle branch office staff addressed issues raised during the discussion. A total of 27 CBHI executive staff (13 men and 14 women: 12 data managers, 6 CBHI accountants, 6 EHIA Mekelle branch accountants, and 3 EHIA CBHI coordinators) attended the training. HSFR/HFG provided both technical and financial support for the training.	
Conduct CBHI policy and implementation workshops and meetings	**Oromia:** Collaborated with EHIA to provide financial support to four woredas (Welmera, Akaki, Goro, and Ejersa Lefo) to conduct their General Assembly meetings held on June 23 in Welmera; July 5 in Akaki; July 29 in Goro; and August 9 in Ejersa Lefo woredas. Three persons per kebele (kebele chairperson and two CBHI members' representatives) and heads of relevant government sector offices (woreda administrations, woreda health offices (WorHOs), women affairs and government communication offices, etc.) participated in the meetings. Another meeting was held in Berek woreda; its costs were covered by the USAID Transform: Primary Health Care project and HSFR/HFG. A total of 315 persons (301 men and 14 women: 97 men and 7 women in Welmera, 70 men and 2 women in Akaki, 86 men and 3 women in Goro, and 48 men and 2 women in Ejersa Lefo) participated.	
Conduct consultative workshop with key stakeholders to resolve major challenges associated with the HCF program	**Amhara:** The RHB in collaboration with HSFR/HFG organized a one-day (August 10, 2018) CBHI advocacy and recognition workshop in Bahir Dar town. HSFR/HFG made a presentation on CBHI achievements in the region and assisted the RHB in identifying zones and woredas that have the best performance and could be candidates for recognition. It also assisted the RHB in coordinating the workshop. The event was chaired by top regional officials (RHB head and regional president). The regional president presented four zones, three rural woredas, and one urban	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	CBHI scheme with recognition certificates from the RHB. The RHB awarded a vehicle and certificate to the Oromia nationality zonal health department (ZHD). Albuko woreda (South Wollo) received a motorbike from the EHIA Dessie branch office, and Enemay and Legehida woredas received certificates. A total of 706 persons (471 men and 235 women) participated in the workshop; they were heads of all WorHOs, zonal chief administrators, ZHD heads and experts, RHB staff, EHIA branch office staff, staff from selected health centers, selected health extension workers, and project central office team. The RHB covered the costs of the workshop. The event was broadcast by Ethiopian television (ETV) with full coverage during prime time.	
Activity 3: Improve governance of health services and health insurance		
Support CBHI performance review meetings (including federal, regional, zonal, steering committee)	**Amhara:** HSFR/HFG in collaboration with the RHB organized a one-day (June 26, 2018) review meeting in Bahir Dar town. The objective of the meeting was to review 2017/18 health sector performance and acquaint participants with the RHB 2018/19 work plan. HSFR/HFG also presented the CBHI zonal pool directive. The RHB deputy head and HSFR/HFG regional project coordinator facilitated the meeting. A total of 22 persons (17 men and 5 women) participated; most were ZHD heads and zonal chief administrators. HSFR/HFG and the RHB also discussed implementation challenges of the CBHI program in urban areas and agreed to organize an independent review meeting. The major challenges include small pool size and high health services utilization rate by CBHI members, which can lead to bankruptcy of schemes. Accordingly, HSFR/HFG organized a two-day (August 18-19, 2018) CBHI review meeting for town administrations in Gondar town to discuss these and other challenges and identify interventions. Of 156 woredas in the region that are implementing the CBHI program, 29 are urban (town administrations). A total of 201 persons (134 men and 67 women) participated in the meeting. **Dire Dawa:** The project supported the Dire Dawa City Administration (DDCA) in conducting a two-day (July 27-28, 2018) CBHI review meeting to discuss the status of the CBHI program in rural and urban kebeles of the city administration. Indigent selection and allocation of a targeted subsidy budget specifically in rural kebeles was the major agenda item. Discussants agreed to improve the very low CBHI enrollment rate (3%), and selected August as the CBHI month for community mobilization. A total of 135 persons (90 men and 45 women) participated; they were mainly urban and rural kebele leaders, cluster heads, health facility heads, RHB management, and EHIA branch office management committee members and experts. Also in Dire Dawa, HSFR/HFG provided technical and financial support to the health bureau to organize a CBHI	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	review meeting on July 13, 2018. The meeting was a forum for high-level DDCA and EHIA officials to discuss the poor performance of the CBHI program and discuss the way forward. CBHI in DDCA is weak due to limited political commitment and poor integration among stakeholders (including political leaders, RHB, and EHIA branch office). Participants agreed to make a concerted effort to collaborate among themselves for the success of the program and selected August to be a CBHI month in order to boost community mobilization. A total of six persons (all men) participated: the EHIA Director General, EHIA Director of the Members Affairs Directorate, Deputy Mayor of DDCA (also CBHI board member), Head of Government Communication; Head the DDCA health bureau, and Head of the EHIA Dire Dawa branch office. **Harari:** Supported Harari region to conduct a one-day (July 29, 2018) CBHI review meeting held in Harar town to review the status of CBHI program implementation, identify implementation challenges, and discuss the way forward. The head of the RHB, attended. A total of 78 persons (70 men and 8 women) participated; they were CBHI regional experts, EHIA Dire Dawa branch office management committee members, and officials from rural kebeles. **Oromia:** Organized a two-day CBHI annual review meeting (July 13-14, 2018) in Adama town to assess CBHI program performance in 2017/18 and discuss next steps. HSFR/HFG made a presentation on 2017/18 CBHI performance and major implementation challenges in the region and a plan of action for 2018/19. Dr. Dereje Duguma, RHB head, chaired the meeting on the first day and Mr. Dereje Abdena, RHB vice head, chaired the second day. The RHB allocated and transferred 38 million birr as targeted subsidy for 128 CBHI implementing woredas. However, it was noted that the average CBHI regional enrollment rate is 27%. Of 197 CBHI implementing woredas, only 124 (62%) have officially established schemes and began providing coverage. Furthermore, only 51% of CBHI members have received ID cards. A lot needs to be done with respect to the financial management of schemes, i.e., transfer of used receipt vouchers from kebeles to CBHI scheme and financial audit of schemes. The major implementation challenges reported were: low commitment to the CBHI program by government officials at woreda and kebele levels, low community awareness of CBHI, delays in the preparation and distribution of CBHI ID cards, unfairness in the selection of indigent households, poor quality of health services, weak referral linkage between health centers and hospitals, and delays in the transfer of contributions collected and used receipt vouchers from kebeles to scheme. The vice head of the RHB directed participants to devise strategies on how to resolve these challenges and incorporate the strategies into their 2018/19 action plans.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	Participants agreed to increase the CBHI enrollment rate to 60% in 145 existing woredas and to 50% in 52 new CBHI woredas in 2018/19. They also promised to prepare and distribute CBHI ID cards to all members (100% coverage). The vice head underlined that key stakeholders and implementing partners need to collaborate to improve CBHI performance in the region. A total of 110 persons (105 men and 5 women) participated in the review meeting; they included: RHB management committee members, the RHB CBHI team, the vice head of the Bureau of Finance and Economic Cooperation, zone administrators, ZHD heads, ZHD CBHI coordinators, and heads of zone finance and economic development offices. **SNNP:** Provided both technical and financial support to the RHB in organizing a regional-level review meeting on HCF reform and the CBHI program on August 23-26, 2018 in Shashemene town. Dr. Abreham Alano, head of the RHB, gave opening remarks in which he underlined the importance of review meetings in evaluating performance and addressing common challenges encountered while implementing health sector transformation agendas such as the CBHI program. A representative of each zone and special woreda health department presented on progress made with regard to CBHI enrollment and renewal rates, and resource mobilization activities. There also was a presentation on the progress of HCF reforms. Participants discussed major successes and challenges encountered in implementing HCF reforms and the CBHI program. A total of 180 persons (146 men and 34 women) participated; they were mainly high-level RHB officials, heads of ZHDs and of zone medical services, CBHI focal persons, heads of WorHOs, woreda CBHI coordinators, and heads of EHIA branch offices. **Tigray:** HSFR/HFG in collaboration with the North West ZHD organized a one-day (August 7, 2018) review meeting in Shire town to review the progress of CBHI program activities, discuss implementation challenges, and share experiences among CBHI implementing woredas. The head of the North Western zone administration and EHIA Axum branch manager facilitated the meeting. EHIA staff made presentations on the performance of each CBHI implementing woreda, best practices, and implementation challenges. Participants agreed that woreda administrators should: discuss ways to enhance community awareness about the CBHI program with kebele cabinet members, support kebele leaders with membership renewal (in existing CBHI woredas) starting in August 2018, ensure that new CBHI implementing woredas have enrolled at least 60% of eligible households (the minimum requirement to officially establish a scheme) by the end of September 2018, and finalize indigent selection and allocation of the targeted subsidy and other operational budget soon. WorHOs agreed to own all CBHI activities undertaken in their woredas and direct heads	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	of health centers, and health extension workers and their supervisors to support CBHI program activities so as to enhance CBHI enrollment and renewal rates. A total of 36 persons (27 men and 9 women) attended, mainly zonal and woreda-level government administration and health leaders.	
Support EHIA with training on health insurance-related topics, and CBHI program implementation (refresher)	Provided technical and financial support to EHIA in organizing refresher trainings for EHIA staff on selected CBHI topics on August 25-26, 2018, in Bishoftu town. Training topics included: concepts of HCF, principles of health insurance, basic features of CBHI, and CBHI financial management. A total of 80 persons (54 men and 26 women) attended; they were from EHIA members' affairs and finance directorates (head and branch offices) and EHIA regional CBHI coordinators from four regions (Amhara, Oromia, SNNP, and Tigray). Supported EHIA in organizing two-day trainings (August 20-21; August 23-24; and August 27-28) on CBHI data management and reporting. Seventy-six EHIA staff (63 men and 13 women) from 23 branch offices attended. HSFR/HFG covered all the training costs (per diem and travel).	
Provide technical support to EHIA in preparing their program budget, annual work plan, and progress report	Collaborated with EHIA in organizing its annual work-planning workshop, held on June 30-July 4, 2018, in Bishoftu town. The objective of the workshop was to review: 2017/18 performance using SWOT and stakeholder analyses, customer value proposition, strategic perspectives, goals, targets, and performance indicators. It also aimed to cascade the 2018/19 work plan document to all agency branches and employees and explain all sections of it to participants during the discussion session. A total of 84 persons (67 men and 17 women) from EHIA and stakeholders (RHB and development partners) participated in the workshop which was cost-shared with EHIA. HSFR/HFG in collaboration with the EHIA Addis Ababa branch office organized a 2018/19 CBHI work plan alignment meeting, held on August 8-9, 2018 in Bishoftu town. The meeting discussed how to avoid duplication of effort and inefficient use of resources between the branch office and Addis Ababa City Administration health bureau so that they could attain the desired result. A total of 75 persons (32 men and 43 women) from the Addis Ababa EHIA and health bureau offices and CBHI schemes situated in 10 sub-cities participated in the workshop.	
Activity 4: Improve program learning		
Produce and disseminate project quarterly newsletter	The project's final quarterly newsletter was produced.	Targeted to be finalized and disseminated by end of project.
Provide support for and participate in FMOH, RHB, ZHD, EHIA review	**Dire Dawa:** HSFR/HFG provided technical and financial support to the DDCA health bureau to conduct its annual health sector review meeting on August 1, 2018. The objective of the meeting was to review 2017/18 health	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
meetings	sector performance and HCF reform achievements and implementation challenges. It also aimed to strengthen the links among facility board members, facility heads, and EHIA branch office staff. HSFR/HFG made a presentation on progress of health financing reforms, including CBHI, with special emphasis on the performance of two hospitals and select health centers. This was followed by discussion. Discussants agreed that revenue retention and utilization is being implemented in all health facilities to improve the quality of health services (availability of drugs and medical supplies, cold chain system, and availability of electricity and water supplies). However, the implementation of the new fee waiver system still has serious limitations in terms of beneficiary selection and budget allocation, especially in rural kebeles. Furthermore, the functionality of facility boards in rural kebeles is weak compared with boards in urban kebeles. With regard to CBHI program implementation, preparatory activities, training programs, and community sensitization and awareness creation programs have been accomplished. However, the CBHI enrollment rate in the DDCA is still only 3% due to low political commitment. A total of 47 persons (33 men and 14 women) participated in the meeting; they were mainly RHB and EHIA officials, experts from the Bureau of Finance and Economic Cooperation, and board members of two hospitals and 14 health centers.	
For Health Accounts VI, finalize health services utilization and spending survey (data collection, data analysis, survey report) of people living with HIV, and produce and disseminate survey report and policy brief	Completed graphics/formatting and finalized the child health, reproductive health, and malaria policy briefs.	
Support and participate in CBHI review and hospital reform review meetings (including federal, regional, zonal, other)	**Amhara:** HSFR/HFG organized a one-day (July 17, 2018) review meeting for newly selected CBHI implementing rural woredas and town administrations (25) in 2018/19. The meeting oriented participants to the CBHI directive and discussed how to start CBHI preparatory activities. A total of 85 persons (58 men and 27 women) participated in the meeting; they were mainly zonal chief administrators; heads of ZHDs, WorHOs, woreda offices of finance and development, and woreda administrations; and the mayor of Bahir Dar town.	
Develop CBHI training module	Finalized the draft CBHI training module. The module, which has seven sections, is a comprehensive training document that will be standard training material for CBHI schemes nationwide. HSFR/HFG also participated in a three-day (August 14-16, 2018) consultative meeting organized by EHIA in Bishoftu town to closely review the module's	Participants at the consultative meeting (EHIA management and HSFR/HFG) suggested the module undergo further review by university scholars. Thereafter, EHIA will endorse, print, and

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	contents and structure, and incorporate comments/suggestions.	distribute the module to CBHI implementing regions to use for training.
Provide technical assistance to finalize the user fee schedule for health facilities	**Oromia:** Health facilities have encountered a significant financial burden because user fee revenue does not cover the ever-increasing prices of inputs such as drugs and medical supplies. In light of this, it was determined necessary to revise user fees to accommodate these increases. To this end, the RHB established a TWG made up of members from the RHB, selected hospitals (Adama, Bishoftu, Shashemene, and Fiche), and implementing partners to assist in estimating costs. Two of the 12 TWG members were HSFR/HFG staff. The TWG met on July 3-15, 2018, in Bishoftu town and discussed use of Simple Cost Analysis Tools (SCAT) in the cost estimation process, categorizing health services by departments and major procedures, and process for costing/revising fees. The group identified and quantified inputs required for the provision of each service to facilitate an estimation of unit cost. They then gathered the costs of inputs (direct material cost) from frontline service providers in Bishoftu General Hospital and used the data to estimate unit costs. The TWG used a list of major services prepared by the FMOH to revise user fees. The TWG estimated the cost of all relevant services and is currently preparing a user fee revision report.	Once the user fee revision report is finalized, it will be submitted to the RHB for review and comment. The RHB will submit the document to the regional cabinet for endorsement. As per the new HCF legal framework, the RHB management committee is authorized to revise user fees, although the average increase cannot exceed 25% of the existing fees.
Conduct CBHI sustainability study	Completed this study that identified factors affecting sustainability of the CBHI schemes and proposed options for improving the financial sustainability of schemes. Submitted the report to USAID for review.	USAID to complete its review and provide feedback prior to finalization.

5.1.8 Ghana

Program Objectives – In alignment with USAID's Global Health Initiative, HFG supports a combination of activities aimed to improve the health behaviors of families and communities, the quality of health services, and the overall health system in Ghana. HFG will focus its activities on improving strategic and evidence-based health purchasing by the National Health Insurance Scheme (NHIS). HFG will provide technical assistance and implementation support to the National Health Insurance Authority (NHIA) that aims to ensure financial sustainability while improving effective coverage of health services.

Year 6 Activities -

- Strategic Health Purchasing
- NHIA as an Evidence-Based Health Purchaser
- Capacity Strengthening of the NHIA and Health Sector on Health Financing Functions

Year 6 Progress Against Objectives - Since the project's inception, HFG collaborated closely with the NHIA and its partners at the central level and in regions to design and implement activities, and as a way to institutionalize HFG's technical assistance in the NHIA's ongoing work. In Year 6, HFG's focus was in the following areas:

- ***Strategic Health Purchasing:*** In Year 6, HFG continued to work with the NHIA on a provider mapping activity to locate providers and assess their capacity to deliver a basic package of primary health care (PHC) services. Over the course of the project, HFG completed a provider mapping exercise in five regions (Ashanti, Central, Upper East, Upper West, and Volta).

  In January 2018, HFG supported the NHIA in hosting a high-level national workshop with over 120 participants to disseminate findings from the report, "Mapping of Health Service Providers: Ashanti Region." Following the dissemination workshop, the HFG met with the NHIA to determine next steps for provider mapping and the institutionalization of the exercise. During this meeting, the NHIA requested that HFG provide support for continuing the exercise in Central Region.

  Throughout Q3 of Year 6, HFG worked with the NHIA to implement data collection in Central Region. In May 2018, HFG and NHIA held a training workshop for data collectors, supervisors, and data entry personnel to orient them on the data collection instruments and process. From May to August 2018, the NHIA oversaw data collection, entry, and analysis. Through this exercise, approximately 1,039 health service providers (clinical and non-clinical) were identified in Central Region. In August 2018, HFG supported the NHIA in convening another workshop to disseminate the findings to over 70 participants. Recommendations that were developed during the small group policy discussions at this workshop were integrated into the final study report.

  In Q4, HFG also worked with the NHIA to document in writing the protocols of the mapping exercise. This will aid future provider mapping exercises conducted by the Government of Ghana, following the conclusion of HFG support.

  As HFG concluded its collaboration with the NHIA on this activity, both the NHIA Board Chair and Dr. Selby (Deputy Chief Executive of Operations, NHIA) emphasized to health stakeholders at the Central Region dissemination workshop (and the post-Thailand study tour meeting) the critical need for provider mapping to continue as a dynamic exercise in Ghana. While the intended plan is for the Health Facilities Regulatory Agency (HeFRA) in Ghana to eventually lead this exercise (in close coordination with other health agencies), Dr. Selby expressed a desire for the NHIA to continue work on provider mapping in the interim until the agency has the capacity to take over. In particular, she noted she would like to see this exercise integrated into the NHIA's routine monitoring and credentialing processes.

NHIA as Evidence-Based Health Purchaser

- *Replicate/scale-up dashboards development and use* - In Year 5, HFG concluded its support to the NHIA on the development of the first dashboard focused on membership (known at the NHIA as the "Executive Dashboard on NHIS Membership"). HFG also made significant progress with the NHIA to create a second dashboard focused on claims (known at the NHIA as the "Claims Liability Executive Dashboard"). This dashboard will include high-level indicators to monitor the NHIA's financial liability for claims and performance of claims processes. The Claims Liability Executive Dashboard, like the Executive Dashboard on NHIS Membership, provides clear visualization of the status of key performance indicators, and allows the NHIA to take timely action to improve claims management.

  In Year 6, Dr. Selby approved the visual mock-up of the dashboard (i.e., a static illustration of the dashboard created in Tableau), which she again noted was a high priority for the NHIA. The NHIA encountered some delays in developing the beta version of the dashboard, due to competing demands for the Management Information Systems (MIS) Directorate's time. However, for several months, the Claims Directorate produced a monthly static version of the dashboard in Tableau.

  In early July 2018, HFG engaged two IT specialists from Abt's Data, Science, and Enabling Technologies (DSET) Division to support the MIS Directorate in building a live beta version of the Claims Liability Executive Dashboard. In less than two months, HFG and NHIA worked efficiently to upgrade the NHIA's licenses with Tableau (selected platform to build the dashboard), connected the National Claims Register (dashboard data source) to the dashboard platform, built the dashboard in Tableau, and embedded the dashboard on the NHIA's SharePoint portal. This process included an intensive, three-day trip to Ghana, where HFG and NHIA worked closely together to complete work on the dashboard. HFG presented the live beta version of the dashboard to Dr. Selby, who was extremely excited to see the final product. She noted that this process should serve as an example for other sub-Saharan African countries, emphasizing the point that countries should start with the data they have and not shy away from building and using tools like this. Over time, she believes that use of the dashboards will encourage the collection of both more and higher-quality data. In terms of next steps, Dr. Selby asked the NHIA team to present the dashboard to the NHIA management team, as well as to install it on the TV in the CEO's office. Due to the number of Tableau licenses purchased, the dashboard is only accessible to five users, but the NHIA can upgrade its Tableau licenses if it is interested in expanding access in the future.

  During Year 6, HFG and NHIA also finalized the Dashboard Development Procedures, which document lessons from the development of the two dashboards that HFG supported and is intended to guide NHIA staff in building future dashboards. Dr. Selby has expressed enthusiastic support for this document. She is eager to disseminate the procedures within the NHIA, and to also find a broader forum to share them.

- *Support the development and roll-out of an organization-wide M&E policy* - In 2015, the Research, Policy, Monitoring and Evaluation (RPME) Directorate developed an initial draft of the M&E policy and accompanying roadmap for its dissemination. The M&E policy will guide the NHIA to manage initiatives related to provider payment systems, member identification tools, and claims processing that aim to improve access to health care and improve the efficiency of the scheme. The M&E system will allow the NHIA to monitor and track progress of NHIA activities against its objectives and ensure that the intended outcomes are being achieved. The RPME Directorate encountered delays in modifying and finalizing the policy due to the government transition in 2017, and the subsequent changes in the policy direction and organizational structure of the NHIA that are still taking place. However, Mr. Francis Andoh-Adjei (Director of RPME, NHIA)

noted that his team has continued to catalogue indicators (at the national, regional, and district level) in a master repository of indicators initially developed for the M&E policy. He believes this Master Indicator List will be valuable for guiding the future direction of an M&E policy once the NHIA is ready to take this work forward again.

- *Systematize, improve, and augment NHIA operations research (OR) for strategic purchasing and improved service delivery* - In Year 5, HFG continued to build on the progress on this activity from Year 4, and the results from many months of embedding and institutionalizing NHIA-staff-driven OR. In Year 6, the NHIA and HFG finalized the malaria OR study and developed a presentation for its eventual dissemination. HFG encouraged Dr. Selby and Mr. Andoh-Adjei to identify a time to share the study findings and finalize the recommendations with NHIA management in the future.

  In January 2018, HFG and the NHIA finalized the "Operations Research Process Guide," which synthesizes the OR processes that NHIA and HFG have established over the past two years and complements the trainings and tools they have developed together. Mr. Andoh-Adjei is eager to eventually integrate this process guide with broader efforts he plans to spearhead in developing an NHIA-wide research agenda.

  As HFG concluded its work with the NHIA, Mr. Andoh-Adjei expressed his gratitude to the project for supporting the OR capacity of his staff both at the national and regional levels. He shared that the skills that were built with support from the HFG project have been useful for the RPME's other work, including a current project that the NHIA is working on with the Korean government in Volta region. He also noted that he will continue to advocate for the inclusion of OR as part of the annual budget for the regions.

Capacity Strengthening of the NHIA and Health Sector on Health Financing Functions

- *Provide health financing support to the NHIA and MOH to facilitate a more effective NHIS and health sector* - In Year 6, HFG engaged with the NHIA Board to plan a study tour to Thailand. The NHIA Board felt that Thailand's journey toward universal health coverage has many relevant lessons for Ghana, especially on topics of interest such as benefits package design, capitation, claims management, and quality assurance. In Year Q2, HFG helped identify a Thai host organization, the International Health Policy Program (IHPP), and also held a preparatory meeting with the study tour participants to discuss the purpose, objectives, and learning outcomes from the study tour.

  A 10-member delegation from Ghana traveled to Bangkok, Thailand, from May 28 to June 1, 2018, to participate in a dialogue with various Thai health agencies. The study tour centered around four themes: 1) Promoting good governance and accountability; 2) Prioritizing and improving service coverage and population coverage; 3) Using resources efficiently; and 4) Ensuring the quality of care. The study tour also included field visits to a provincial hospital and a health center. The delegation noted that this study tour was an 'eye-opening' experience, and they were particularly impressed by Thailand's systematic, evidence-based processes for decision making. They also requested that HFG support a follow-on meeting to further discuss and develop a plan of action based on the study tour lessons.

  In August 2018, HFG facilitated a post-study tour meeting that was attended by members of the delegation that traveled to Thailand, other NHIA board members, and members from the NHIA Executive Management team. Members from the delegation briefly presented key lessons from the study tour around five topics identified by the delegation for further discussion, including: 1) Benefit package development and HTA; 2) Strengthening PHC service delivery systems; 3) Financial sustainability and the future of PHC fundholding; 4) Governance and accountability; and 5) Relationship between the health sector and the Ministry of Finance (MOF). Following

presentations on the key lessons for each topic, participants engaged in a discussion about how to apply these lessons in Ghana. As a result of this meeting, several action items for the NHIA Board and other health agencies emerged, and the NHIA Board agreed to prioritize these issues at their next board meeting.

During Year 6, Dr. Chris Atim (HFG Ghana Activity Lead) also advised the HFG Domestic Allocation Study activity and the CDD-Ghana as they organized an event to bring together the health sector agencies and the MOF to discuss the future of sustainable health financing in Ghana. The event took place on March 20, 2018, but unfortunately, the MOF did not participate. Nevertheless, the experience provided valuable lessons for future strategies in engaging the MOF. For example, future attempts at bringing together these two sectors may want to consider framing the issues more from the MOF's perspective. The MOF may also be more amenable to one-on-one meetings with the health sector agencies, rather than discussing these issues in large forums.

Q4 Challenges - Dr Asenso-Boadi (Director of Provider Payment, NHIA) went on a three-week leave immediately after the dissemination event in Central Region. As a result, his final approval of the provider mapping deliverables from the Central Region provider mapping exercise and dissemination prepared by HFG and our NHIA counterparts was postponed until early to mid-September.

Table 31 provides activity-specific updates.

TABLE 31. GHANA ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Y6 Strategic Health Purchasing		
SUB-ACTIVITY: Institutionalize provider mapping and formation of preferred PHC provider networks		
Support provider mapping policy dialogue and dissemination workshop at the national level	HFG and NHIA counterparts disseminated findings from the Central Region provider mapping exercise during a one-day workshop in August 2018. The workshop took place in Cape Coast and was attended by over 70 participants. During this workshop, participants had the opportunity to discuss relevant policy questions in small groups. Recommendations discussed during this workshop were incorporated into the final study report by HFG and the NHIA.	Following the dissemination workshop, the Provider Payment Directorate and HFG produced a meeting report, and the Provider Payment Director reviewed it in early September. The NHIA circulated the final report by the end of the HFG project.
Revise provider mapping instrument	The Provider Payment Directorate, with support from HFG, revised the provider mapping instrument to improve the clarity of questions and ease of use. The Directorate decided to create separate questionnaires for clinical and non-clinical facilities.	During the process of implementing the revised instrument in Central Region, the Provider Payment Directorate and HFG also documented additional feedback on the questionnaires by stakeholders in Central Region. This is included in the "Provider Mapping Process Guide," so that future implementers of provider mapping can consider this feedback as they further refine the instrument.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Test institutionalized system in one region	The Provider Payment Directorate, with support from HFG, successfully led and completed data collection, entry, and analysis for the provider mapping exercise in Central Region. The Directorate and HFG produced a final report, summarizing the study findings and the recommendations stakeholders discussed during the dissemination event in August 2018.	The Provider Payment Directorate and HFG completed the study report. The NHIA circulated the final report by the end of the HFG project.
Activity 2: Y6 NHIA As An Evidence-based Health Purchaser		
SUB-ACTIVITY: Support finalization and roll-out of an organization-wide M&E strategy		
Support refinement of M&E policy	The Director of RPME noted that his team has continued to catalogue indicators (at the national, regional, and district level) in a master repository of indicators initially developed for the M&E policy. He believes this Master Indicator List will be valuable for guiding the future direction of an M&E policy once the NHIA is ready to take this work forward again.	The RPME Directorate continued to encounter delays in modifying and finalizing the policy due to ongoing changes in policy direction and organizational structure within the NHIA. These delays continued through the end of the HFG project
SUB-ACTIVITY: Replicating/scaling up dashboards development and use		
Advise the development of a claims-based dashboard	In July-August 2018, HFG engaged two Abt IT specialists who provided close support to the MIS and Claims Directorates in building the live beta version of the dashboard. HFG and NHIA upgraded the NHIA's Tableau licenses (selected platform to build the dashboard), connected the National Claims Register (dashboard data source) to the dashboard platform, built the dashboard in Tableau, and embedded the dashboard on the NHIA's SharePoint portal. During an intensive three-day trip to Ghana in August 2018, HFG and NHIA completed the dashboard and presented it to Dr. Selby.	
SUB-ACTIVITY: Systematize and institutionalize NHIA operations research for strategic purchasing and improved service delivery		
Support dissemination of malaria OR study	N/A	HFG continued to follow up with the RPME Director about identifying a time to share the findings from the malaria OR study. However, due to timing and availability constraints, HFG was not able to share these findings before the HFG project ended.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Y6 Capacity Strengthening of the NHIA and Health Sector on Health Financing Functions		
SUB-ACTIVITY: Provide support to NHIA and MOH to improve NHIS effectiveness		
Technical assistance to the NHIA board and management to carry out its functions effectively	In August 2018, HFG facilitated a one-day, post-study tour meeting with the delegation that traveled to Thailand, along with other members of the NHIA Board and Executive Management team. During this meeting, members of the delegation shared key lessons and participants discussed how to apply these lessons in Ghana. A set of action items for the NHIA Board and other health agencies was identified as an output of this meeting. HFG produced a meeting report detailing the discussions from the meeting, as well as the key takeaways and action items.	The NHIA Board prioritized the identified action items at its final board meeting before the HFG project ended.

5.1.9 Guinea

Program Objectives - The Guinea program is a two-year program, officially launched at the end of Q3 FY16 and planned to continue through June 2018. The 13 planned activities started in Year 5 and continuing in Year 6 are as follows:

1. Conduct a functional audit of the Ministry of Health (MOH) and follow up on recommendations
2. Strengthen MOH management capacity
3. Conduct a private health sector survey
4. Strengthen health sector coordination capacity
5. Build MOH capacity to support research
6. Improve financial management capacity of the MOH
7. Improve coordination, collaboration, and partnership between line ministries in charge of human resources for health (HRH) planning, training, and development
8. Support the information and communications technology (ICT)-based comprehensive management of human resources
9. Support pre-service education institutions to improve management and governance for better workforce development
10. Support the strengthening of continuing professional development programs for health
11. Strengthen the Inspector General function
12. Strengthen the legislative committee on health
13. Strengthen strategic communications for the health sector

Year 6 Activities - The specific objectives are:

Objective 1: Improve institutional capacity and health governance across the health system

Objective 2: Enable the health financing environment and improve MOH capacity to efficiently mobilize and manage resources to foster greater coverage of quality health services.

Objective 3: Improve the institutional capacity of the MOH to effectively manage human resources

Year 6 Progress Against Objectives -

1. ***Institutional Strengthening***

- ***Functional Audit***. The objectives of the functional audit were to assess the functions of the central units of the MOH, regional and district health management teams, and the MOH as a whole in terms of its ability to carry out its core functions effectively, efficiently, and responsively with transparency and accountability. The audit was carried out in Year 5 in collaboration with the EU. Following the completion of the functional audit, the HFG project assisted the MOH to draw up a "road map" to implement recommendations from the audit. The road map makes specific plans for actions to be taken, and prioritizes and sequences them, with specific milestones. In Year 6, HFG continued its support to the MOH for the monitoring and implementation of the recommendations from the functional audit. Also, as part of audit follow-up, HFG supported two embedded advisors in the MOH: one for setting up a strategic communication function and another one for developing the IT capacity of the MOH.

In Q1, HFG facilitated two mini workshops (i) to assess the implementation status of the functional audit road map and reprioritize activities for their inclusion in the MOH annual operational plans (PAOs) for FY 2018 and (ii) to identify challenges with the PAO guidelines, as part of the planning process and preparation of the PAO for FY 2018, in order for all national supervisors to have a common understanding of the tools.

Through the IT embedded advisor, HFG also supported the MOH to draft terms of reference (TOR) for a working group on digital health and assess the current systems being used by partners and government. The local communication consultant continues his support to the MOH in terms of ensuring information sharing in the traditional and social media.

In Q2, HFG disseminated the report on the implementation status of the functional audit road map (produced from a series of meetings in Q1) to the MOH's Bureau of Strategy and Development (Bureau de stratégie et de développement, BSD), Technical Secretariat of the Coordination Committee of the Health Sector (Comité de coordination du secteur santé, CCSS), and main departments to ensure that decision makers were aware of the progress made in implementing the functional audit road map and to prioritize road map activities in the FY 2018 PAO. HFG also provided technical and financial support to the drafting of DSVCo PAOs for FY 2018 and ensure that the recommendations from the road map were included in the PAOs.

The IT embedded consultant worked with the Measure Evaluation project to ensure a successful transfer of the physical server management from Measure Evaluation (ending activities in March 2018) to the MOH's ICT unit, trained new MOH cadres on ICT governance, and assisted with the daily routine management of the MOH website.

In Q3, HFG continued working with partners, especially the EU, to further disseminate the functional audit road map. The EU has committed to fund awareness-raising meetings in the health regions about the functional audit road map and the need to implement the activities in the road map through their respective PAOs. This activity has been transitioned to the BSD for implementation and EU for financial and technical support.

- ***Management Capacity Building.*** To build management capacity, HFG designed and implemented two distinct but related management capacity-building programs. The first was a leadership and management (L&M) training program and the second a program aimed at strengthening capacity in program design and management. Together, these programs strengthened MOH management capacity to improve performance.
  - *Leadership and management,* The L&M program had two components. The first was a senior L&M training program aimed at the top 40 senior leaders in the central MOH and top 20 senior officials in the regions. The second component was a generalized program aimed at managers throughout the central MOH that can subsequently be rolled out to the regions and districts. HFG delivered the senior leadership program directly, but for the mid-level and regional and district program, HFG developed the capacity of the MOH to deliver the course (training of trainers) by creating a pool of 10 MOH trainers. To date, the MOH trainers have delivered seven courses to mid-level MOH staff.

    In Year 6, HFG conducted a rapid evaluation of the L&M component to determine impact on MOH management. HFG also continued working with other partners to support the roll-out of L&M trainings at the subnational level, especially through the inclusion of the activity in the PAOs for FY 2018 at the regional level.

In Q1, two cascade trainings in L&M were successfully administered by local trainers and attended by 44 participants. By the end of Q1, a total of 230 senior and mid-level MOH officials at the central level, including 155 men and 75 women, had been trained in L&M. The pool of 10 qualified MOH trainers, capable of delivering the course, formed a network to share experiences and HFG supported their monthly meetings.

In Q2, HFG recruited a consultant to conduct the evaluation of the L&M trainings. The evaluation started and results expected in Q3. HFG also continued working with other partners to support the roll-out of L&M trainings at the subnational level.

In Q3 the evaluation of the L&M trainings was completed and a report produced. The overall findings were positive in terms of how this training changed the philosophy and day-to-day practices for the participants, but following up on this training was found to be a major challenge. To maintain these newly acquired skills, there needs to be "regular refresher trainings" for the current staff as well as training of new staff. The EU through one of the implementing agencies in its new project PASA2, namely GIZ, has included in their work plan the continuation of technical support to MOH in the area of L&M. Training materials developed by HFG were shared with the EU at their request and they are planning to use the core team of 10 master trainers in L&M.

HFG also continued its logistical support to the network of national trainers through supporting their monthly meetings. The group is currently working with the BSD to plan upcoming national training sessions.

- *Program design and management.* HFG assisted the BSD in developing standardized project management procedures, delivered a training program in the use of these procedures to 27 MOH staff, and then trained a cadre of MOH trainers to roll out the training program to the central directorates and programs as well as the regions and districts. As with the L&M program, HFG's financial support was limited to the central level. HFG worked closely with the BSD in developing the procedures, but the unit in charge of human resources and professional development was made responsible for coordinating the delivery of training. Because of last-minute changes by the MOH that cut the training time in half and resulted in poor selection of participants, there is not an adequate pool of MOH trainers to roll out the course.

  In Q1, HFG finalized the project design and management training materials based on feedback from the MOH and resubmitted them for official validation by the BSD. HFG continued discussions with potential partners who could continue the work and expand the pool of trainers for this course.

  In Q2 and Q3, HFG continued engaging partners, including WHO, to sustain the technical support in the area of project design and management, using the harmonized training materials (WHO, HFG, and MCSP) at the disposal of BSD. This activity was transitioned to the BSD.

- ***Health Sector Coordination.*** This activity aimed at strengthening health sector coordination, especially the skills of the CCSS and its Technical Secretariat. HFG completed two sequential steps in this activity. The first step was a functional analysis that looked closely at the role of the CCSS in development and/or validation of strategies, work plans, and budgets, and in budget tracking. The assessment also reviewed the role and performance of the Technical Secretariat. The results of the assessment were validated at a CCSS meeting. The second step was the development of a road map to strengthen existing mechanisms.

The road map identified actions to improve information sharing and transparency through a consensually developed reporting tool (activities and financing). It also included strategies to increase programmatic and financial transparency (information sharing and efficiency addressing programmatic and financial gaps).

In Year 6, HFG continued to support thematic working groups as part of its support to the implementation of the road map alongside other partners.

In Q1, HFG supported the drafting of the "Arrêté" (decree) for the revitalization of the monitoring committee of the National Plan for Health Development (Plan National de Development Sanitaire, PNDS). This was a recommendation from the road map developed following the functional analysis. The next step will be to obtain the minister's approval of the Arrêté and the relaunching of the different working groups of the CCSS. HFG continued to take part in the coordination meetings of the CCSS.

In Q2, the MOH, with HFG support, organized a workshop to develop a capacity-building plan for the CCSS Technical Secretariat so the Secretariat can fulfill its role. This workshop resulted in an assessment of the functioning of the Secretariat as defined by its formal charter, the identification of needs and interventions to be implemented for better coordination of the health sector, and the development of an action plan with its activities, resources needed, roles and responsibilities, and timetable.

HFG's support to the MOH in this area of coordination suffered from differences of opinion and leadership from ministry officials. However, with the appointment of new officials in the MOH, the monitoring of the coordination process and its improvement can resume.

In Q3, HFG met with the MOH Secretary General to plan for resuming the coordination work following the delays experienced in Q2. The Secretary General proposed that the work continue under the leadership of the BSD and asked for a meeting to be organized with the BSD to review the work already done and the next steps. The meeting with the BSD helped validate several actions to relaunch the coordination work and stakeholders decided to plan for the first meeting of the thematic groups where their TOR will be discussed. It is expected that WHO and PASA 2, through GIZ and France Expertise, will continue to provide technical support in the coordination work.

- ***Private Providers Survey.*** The goal of this activity was to assess the scope and scale of the private health sector in Conakry, its regulatory framework, and how to improve public-private dialogue. The proposed survey responded to the need for up-to-date data on the private sector, its composition, and its contribution to health provision. The survey targeted all modern, formal and informal (non-registered) private (for- and nonprofit) providers: clinics, hospitals, doctors, nurses, pharmacists, and dentists. The activity emphasized how to use the survey data/ information to develop a strategy for engaging the private sector beyond the regulatory framework. It focused on opportunities available to improve public-private sector engagement and on how to build on these opportunities. In Year 5, HFG started the contracting of a local firm to undertake the private provider survey. The survey was implemented in Year 6.

  In Q1, the contracting process was finalized and the local data collection firm, Health Focus, signed the sub-award for this work. HFG also revised the tools and protocol for the survey and submitted for ethics clearance to the Abt IRB. An updated timeline was obtained after recent discussion with the local firm to ensure that this activity was completed by June 30.

In Q2, HFG and Health Focus started the in-country work after the MOH granted local IRB approval. The team held initial consultation meetings with stakeholders to present the survey. It also finalized the methodology and data collection tools and compiled a preliminary list of private sector health structures. Data collection training was organized for 45 participants (10 supervisors and 35 cartographers) who attended the full training and took part in the pre-test.

After a delay due to the unstable political and social post-election period in Conakry, data collection for the mapping started and continued into early April. The HFG team worked to minimize the impact that the delay posed to the completion of this activity.

In Q3, Health Focus completed data collection and analysis, submitting the deliverables to HFG and presenting the initial findings to USAID and MOH partners. A no-cost extension was approved and all deliverables were submitted and approved. A dissemination meeting of the mapping report was successfully held on June 26. The event was attended by senior officials of MOH, DVSCo, USAID, other technical and financial partners, and health regulatory and professional associations. Stakeholders welcomed the report and directory and called upon the ministry to convene a technical meeting with concerned central MOH directorates and all regulatory and professional associations to discuss and elaborate an action plan to implement and address the mapping report findings and recommendations. The result of this exercise demonstrated the limited collaboration between the public and the private sector in Guinea and the MOH plans to use the findings to build a Public-Private-Partnership strategy to better serve the health needs of the population.

- ***Research Capacity.*** The purpose of this activity was to strengthen the capacity of the MOH, and its Research Unit (Cellule de Recherche) in particular, to understand its role in setting research priorities, to understand and support the research process, and to use research results to inform decision making in both medical and health systems domains. It is important to note that this activity did not seek to develop MOH capacity to carry out research. In Year 5, HFG assisted the MOH in developing an initial assessment and evaluation of the current state of the research process, revising and updating the national health research policy document, developing a capacity-building plan for the cellule staff, and developing a comprehensive strategic plan to support, coordinate, and evaluate health research activities.

  In Year 6, HFG finalized and validated the strategic plan with all concerned stakeholders and trained relevant staff on the updated research guidelines and on techniques of research management.

  In Q1, HFG worked on finalizing the strategic plan based on feedback obtained from a workshop with MOH technical staff. After discussions with MOH counterparts, the dates for the international consultant visit were set for February 5-15, 2018.

  In Q2, the HFG regional consultant, Professor Patrick Kayembe, traveled to Conakry as part of the capacity-building support for the MOH. He led two training workshops. The first focused on scientific writing for graduate students of the Masters in Health program of the Gamal Abdel Nasser University of Conakry. The second trained MOH staff on how to strategically use health research results to inform policy. The trainings were well attended and appreciated by the participants.

  In Q3 the national research policy was politically validated. This political validation marks the end of the development process for this policy, which is now a reference document for the MOH in terms of research and monitoring and evaluation for health. The strategic plan for health research was also technically validated this quarter and BSD committed to present the document to the next Cabinet meeting for the political validation of the strategic plan to pave the way for its implementation.

- ***Strengthening Financial Management.*** With this activity, HFG aimed to build on ongoing activities and streengthen MOH financial management capacity. The activity began with a financial management assessment implemented jointly with EU PASA Project. A plan then was drafted to implement assessment recommendations. HFG worked with the appropriate MOH departments and partners including PASA to address some of the weaknesses identified.

  In Year 6, HFG continued its support of the local consultant who was helping the MOH team to update the procedures manual started in Year 5. It also supported selected recommendations from the financial management assessment through a series of trainings aimed at building capacity of staff from the Department of Financial Affairs (Direction des Affaires Financières, DAF).

  In Q1, HFG developed an action plan for the implementation of assessment recommendations, especially those related to capacity building of the DAF staff:

  - Developed a detailed timeline for the action plan with DAF
  - Hired a consultant to implement activities
  - Started to work on module 1 of the capacity building: training in how to prepare budgets

  In Q2, HFG organized three training workshops: one on budget execution, one on budgetary control, and one on budget monitoring. Although not final, the procedures manual was used by the Secretary General during the staff orientation of newly appointed cadres of the MOH. Edits and comments needed to finalize the procedures manual were obtained. The next step was the validation of chapter 4 by the Ministry of Budget. HFG continued to work with other partners (PASA, Global Financing Facility, Expertise France) in supporting the MOH DAF to ensure transition of its activities once HFG ends in June.

  In Q3, HFG developed a "vade mecum" to equip each staff of the DAF and the Public Procurement Office (PRMP) with a mini pocket guide to continue the day-to-day learning of their workflow in a pragmatic and practical way. The EU PASA2 project (GIZ) and Global Financing Facility will continue the technical support to the DAF.

1. ***Human Resources for Health***

- ***HRH Coordination.*** In this activity, HFG supported the MOH to strengthen the HRH Multi-sectoral Committee so that it becomes an effective national HRH platform that promotes better collaboration and intersectoral planning among all key stakeholders involved in health workforce training, planning, and management. HFG also provided institutional support to bolster the Division of Human Resources (Direction des Ressources Humaines, DRH), which is the secretariat for the HRH Multi-sectoral Committee, and HFG assisted the DRH in updating its HRH Strategic Plan.

  In Year 6, HFG supported the planning of the first meeting of the HRH multi-sectoral committee members to review and adopt committee operating procedures. HFG also provided institutional support for the revamping and proper functioning of the technical working group (TWG) and accompanied, technically and financially, the new established Directorate of Human Resources for Health.

  In Q1, HFG facilitated a three-day consultative workshop held on October 18 to 20. The purpose of the workshop was to finalize the legal texts/joint ministerial Decree (MOH, Ministry of Labor, and Ministry of Civil Service) for the establishment of the new HRH Directorate within the MOH, as well as the decree revamping the national HRH consultative forum. The workshop was also an opportunity to validate the TOR for the HRH TWG under the CCSS.

In Q2, HFG, in collaboration with other members of the HRH TWG, supported the organization of the first statutory monthly meeting of the TWG for fiscal 2018. The meeting was used to align activities of technical and financial partners with the newly created HRH Directorate's 2018 PAO.

In Q3, the second statutory monthly meeting of the TWG was held on June 1 and discussed various topics related to the development of the HRH policy, strategic plan, and the data collection in other areas to populate the human resources information system (IHRIS). This activity is well established within MOH/DRH and there is a functional HRH TWG supported by partners (such as JHPIEGO, GIZ, PASA2, PASSP/WB, CRS) to carry the work forward.

- ***iHRIS.*** HFG supported the MOH to continue the roll-out and institutionalization of the iHRIS, especially through data capture of health workers in the five Conakry districts and the central level of the MOH (Directorates, Projects and Programs). Data collection and entry were completed in Year 5.

  In Year 6, HFG worked to address the back-end management skills gap at the central level of the MOH using regional expertise. To support MOH data managers and build the case for the institutionalization of the database through in-house management, HFG provided refresher trainings on iHRIS data management and pushed for the institutionalization of the system within the MOH.

  In Q1, HFG held consultation meetings with key implementing partners, including JHPIEGO, to inquire about the progress of the data collection and data entry for the regions of Boke and Kankan into the system. This step would finalize the national data collection and data entry phase into iHRIS.

  HFG hired a regional consultant to provide technical support to key personnel within the ministry, including the new established MOH IT cell, to strengthen the MOH capacity in managing iHRIS, and contribute to further institutionalization of the system. Her first mission in Conakry was scheduled for the week of January 22.

  In Q2, the HFG iHRIS consultant conducted a five-day training in Conakry to strengthen the capacity of the iHRIS database management team at the MOH for better management, analysis, and utilization of data in order to increase the institutionalization of iHRIS within the ministry. The training covered three areas: 1) organizational requirements for iHRIS management, 2) iHRIS database management, and 3) analysis of data extracted from the iHRIS Guinea software database. Based on the pre- and post-training evaluations, the objectives of the training were met; the participants were very satisfied with the training and expressed their appreciation of the participatory approach and practical experience received.

  During her trip (January 20-29, 2018), the consultant held consultative meetings with other iHRIS stakeholders including PASA, the MOH technical team, and JHPIEGO. She also supported the MOH's development of a road map to finalize the set-up and implementation of iHRIS in Guinea with a timeline and identified responsible parties. Following her trip, the consultant provided remote ad hoc technical support to the MOH iHRIS team.

  HFG's local consultant supported the MOH to develop a standardization document for the titles and names of different employee positions and helped develop a note formalizing the roles of the iHRIS management team for the minister's signature.

  In Q3, HFG worked with MOH/DRH and the HRH TWG to further institutionalize the use of iHRIS in Guinea for health workforce management and planning. HFG supported the regional consultant to travel to Guinea on May 2-13 to assist the MOH in transferring the iHRIS database from a cloud server to a physical server at the ministry. The consultant also led a training to

refresh user and IT administrators' skills on data entry and to teach users how to generate reports and analysis using the iHRIS system. After this training, HFG worked with the MOH/DRH and the HRH/TWG to update data for districts in Conakry, and ensure that data collection continued in other parts of the country in order to produce the consolidated health workforce profile.

HFG facilitated the introduction of the same regional iHRIS consultant to GIZ in order to ensure continuity of technical support to the MOH/DRH after the end of HFG.

- ***Management and Governance of Pre-service Education Institutions.*** For this activity, HFG focused specifically on improving the governance and leadership capacity of pre-service training schools. In Year 5, HFG conducted a baseline assessment of the four selected schools' organization and governance capacity, including a desktop review of existing plans and recommendations, to identify management and governance challenges. The two gaps that HFG addressed are strategic planning and L&M aimed at improving organizational governance. The MOH asked that HFG include all 35 schools in order to align all of them with MOH priorities. All 35 institutions participated in the workshop on development of strategic and operational plans.

  In Year 6, HFG support continued providing training on L&M, and on the development of strategic plans, to all 35 institutions. HFG also promoted and facilitated networking and experience sharing among medical and paramedical schools.

  In Q1, HFG hosted L&M trainings for the paramedical health training institutions. The trainings were held in Kindia from October 30 to November 3 for schools located outside of Conakry, and in Conakry from October 6 to 10 for public and private health training institutions.

  In Q2, an HFG regional consultant traveled to Conakry from January 14 to 21 for the last training. The consultant led a five-day workshop for 25 participants from the medical schools of Gamal Abdel Nasser and Koffi Annan universities. The workshop, which took place from January 15 to 19, had two parts. The first three days were devoted to strategic planning. This session allowed the participants to analyze their governance and management problems and to propose solutions to include in the 2018-2022 strategic plan. The last two days were devoted to training in leadership and governance. The format of the session allowed for active participation, group discussions, and presentations.

  HFG, in coordination with the MOH, then supported follow-up on the implementation of the strategic plan, integration of the plan into the universities plans, costing of the strategic plan implementation, and use of leadership and governance skills.

  This activity was completed in Q2 and has been transitioned to the MOH, specifically to the DRH.

- ***Continuing Professional Development.*** The goal of this activity was to support the MOH to develop a national in-service training policy to set standards and guide the planning, implementation, and monitoring and evaluation of continuing professional development (CPD) at various levels of care. The development of the policy used a participatory approach involving all key stakeholders including regional and district health departments, health training institutions in charge of CPD, and university teaching hospitals.

In parallel, HFG supported training institutions in charge of CPD to build their capacity in coaching and mentorship to raise the quality of services through improved competencies of health professionals in health districts and rural areas. This coaching and mentorship work built on lessons learned from the successful experience piloted by the Diabetology unit of Donka University Teaching Hospital. In Year 5, selected teams of doctors and paramedical workers from three in-service training institutions were trained in coaching skills.

In Year 6, HFG focused on finalizing the national in-service training policy by validating it with the MOH and other key stakeholders. HFG also provided support for the continuation of key coaching activities such as the finalization and implementation of the "deconcentration" plans of key health services.

In Q1, HFG, through its local consultants, continued the data entry and analysis for the development of the in-service training policy. The data entry and coding were finalized and the consultants started writing the report.

Additionally, HFG led a workshop on the decentralization of specialized services on September 12 and 13. During the workshop, participants developed their deconcentration plans, focusing on three main elements: key resource personnel, equipment, and staff recruitment and management. All specialized programs developed their deconcentration plans and two of the specialized services have started implementation.

In Q2, HFG assisted in finalizing the national CPD policy. The project's local consultants drafted the CPD policy in consultation with the MOH, and organized a workshop to validate the situational analysis and discuss the draft policy. The consultants then finalized the CPD policy based on comments and feedback received from stakeholders. Additionally, HFG continued to accompany the two specialized medical services in implementing the deconcentration plans.

In Q3, HFG finalized and disseminated the CPD policy document, accompanied by a multiyear development plan, to the MOH for the political validation. This document is now part of the reference documents of the newly created the DRH, which will use it for implementation with other partner support.

2. ***Governance and Democracy***

- ***Strengthening the Parliamentary Health Committee.*** HFG provided targeted support to the Standing Committee on Health to improve oversight of health programming and build support for additional public investments in the health sector. HFG's interventions focused on building skills and capacity of the health committee to provide improved stewardship of the health sector. HFG launched the activity by conducting in-depth consultations with Members of Parliament and staff to better understand the current functioning of the health committee and define specific needs for technical assistance provided through HFG. The following are areas where HFG supported the health committee:
  - *Support budget oversight:* HFG conducted workshops with the committee on understanding the health sector budget and how to serve as a stronger advocate for increased public expenditure for health and more efficient and effective health sector expenditures.
  - *Strengthen committee engagement with stakeholders:* HFG supported the committee to develop more effective and proactive methods for engaging with the MOH and civil society.
  - *Conduct public/field hearings:* HFG supported the committee to conduct field visits to health facilities.

In Year 6, HFG supported the Standing Committee on Health with the implementation of its PAO for fiscal 2018, drawn from the committee's three-year work plan developed in fiscal 2017. HFG also continued to build the capacity of committee members and staff by conducting targeted trainings.

In Q1, HFG organized a meeting for the Health Committee to present the results from the field visits to health facilities in the previous quarter. Officials from the MOH and from the National Assembly's Finance and Security committees participated in the meeting, along with USAID officials and the media. The attendees discussed some of the constraints found during the field visits, specifically the budgetary implications. A second feedback meeting was organized with civil society to present the field visit findings, share feedback from the meeting with government officials, and gather feedback from civil society. This initiative was much appreciated. For this budget cycle, HFG also supported the Health Commission in budget analysis to be better able to understand and defend the health budgets during their inter-commission work.

In Q2, as part of strengthening the partnership with other implementing partners, HFG supported the FHI 360 project's "citizen participation in health governance" for the organization of the strategic planning workshop for the Health Commission.

HFG also organized a training workshop on legislation and public procurement for the members of the Health Commission and support staff. Limited expertise on the matter had restricted the commission members' contribution to the control of public procurement enacted by the MOH. Aware of this gap and in accordance with their 2018 strategic plan, the commission requested training from HFG. During the workshop, the participants learned about the basic elements of a public contract, the process of analyzing a public contract, and especially the role of the parliamentarian in monitoring public contracts.

In 2017, the Health Commission received support from technical and financial partners as part of its capacity-building plan and asked HFG to support the consolidation of all the information about that support to share with their fellow Members of Parliament. In Q2 HFG supported this work that allowed members not only to evaluate the 2017 action plan but also to set objectives for 2018.

In Q3, HFG continued its support of the quarterly meetings between the Commission and the Civil Society for Health to discuss issues related to the health sector. The aim was to hear how people perceive MOH and health facility performance. HFG also supported the commission's quarterly meeting with the MOH to discuss budget execution and raise health sector issues gathered from the civil society. This activity was transitioned to FHI 360, which has taken the lead in supporting the Health Commission. Other agencies, such as the EU, have also pledged to build on HFG work to support the Health Commission.

- ***MOH Strategic Communications.*** To address the lack of public trust in the public health sector, HFG supported the MOH to develop and begin to implement a strategic communication plan. This plan focused on four dimensions of communications: 1) communication with external stakeholders; 2) internal communication within the ministry; 3) specific initiatives to improve budget transparency; and 4) creating mechanisms to involve the public in developing health policies. To increase transparency, HFG first worked with the MOH to conduct an assessment to establish what information by law and regulation the ministry can and should provide to the public (including civil society and media) at the national and subnational levels. HFG then worked with the ministry to develop an overall strategy to respond to communications needs in consultation with policymakers and stakeholders. HFG supported the MOH in developing appropriate mechanisms for public engagement at the national and subnational level and training MOH staff on how to implement these mechanisms.

In Year 6, HFG supported the MOH to implement the communications strategy and work plan developed in 2017. Specifically, HFG focused on building capacity of members of the newly established MOH Communications Unit through targeted trainings, such as in the management of communications (crisis management), advocacy, and community engagement in health promotion.

In Q1, the communications strategy document was updated with the few comments received when it was presented to the minister during a cabinet meeting and formerly validated by the cabinet (in Year 5 Q4). HFG's embedded consultant also supported the drafting of three monthly newsletters from the Minister of Health and three monthly press releases.

In Q2, HFG continued to support communications activities through its two consultants, one of whom is embedded in the ministry. These activities consisted of the final validation of the MOH communications strategy by the Minister's Cabinet meeting on March 12, 2018, the organization of a meeting chaired by the MOH on digital health, the publication of two newsletters (No. 5 and 6), and the publication of three monthly press releases.

In Q3, HFG supported the dissemination of the strategy through a press conference with public and private media. More than 35 media outlets participated in the press conference to help disseminate the MOH communication strategy and discuss the role of the media in the process of better communication with the population. Since the strategy had been validated, the focus in Q3 was to start implementation, especially setting up and supporting the communications unit, and conduct training for the unit staff.

HFG also supported the organization of a meeting between the newly created communication unit and partners to discuss the communication strategy, coordinate communication efforts among all stakeholders, and seek support from different partners related to the activities in the strategic plan. HFG also organized two trainings to build communication capacity in the MOH:

- Advocacy and community engagement for health with participation from civil society and from members of the National Assembly Health Commission
- Communication management during health crises with participation from the media and civil society representatives

This activity was transitioned to the MOH (and its newly created communication unit), which will use the two-year strategic plan to mobilize partners for its implementation. FHI 360 is expected to provide some level of support to the component, especially related to community engagement, while traditional partners such UNICEF and WHO are expected to continue the support in the area of communication.

- ***Strengthening Inspector General Function.*** HFG support to the Inspector General started with assessing the capacity of the General Inspectorate for Health (Inspection Générale de la Santé, IGS) and building a shared understanding of the accountability gaps. From this shared understanding, HFG assisted the MOH and the Inspector General and his team to develop a vision for the IGS and a strategic plan including the actions needed to address the gaps. To build public trust in the MOH, HFG gave priority to highly visible accountability gaps and those that have the greatest impact on the public. It focused specifically on the issue of audits and assisted the IGS in building capacity of its staff in audits through training.

  In Year 6, HFG supported the IGS in the development and implementation of its PAO for fiscal 2018. HFG also supported the IGS in the implementation of the capacity-building plan developed in fiscal 2017 through targeted trainings.

In Q1, HFG's international consultant traveled to Guinea again to meet with the Inspector General and members of the IGS, review the work plan, discuss the training curriculum, and conduct field audit preparatory work. While in Conakry, the consultant also reviewed the draft capacity-building plan (developed during the first mission) for comments and input from IGS staff. Additionally, the consultant conducted a three-day training on procurement auditing and fraud detection. This course helped inspectors navigate the key risks involved in contracting and procurement processes. Inspectors were taught the steps required to audit a contract, evaluate the procurement tendering process, and better understand how creating the right contract instruments can prevent many of the pitfalls associated with contracting. Additionally, this course provided the fundamentals for developing fraud audit programs and incorporating fraud detection into the standard audit process. In connection with this classroom training, the international consultant accompanied and mentored a team of four inspectors in the field to conduct practical audits in two health facilities in Dalaba and Labe.

Several positive developments occurred after the consultant's trip. First, there was a noted improvement in IGS operations. For example, the IGS developed (with HFG local consultants) a work plan for the final quarter of fiscal 2017, and started implementing the plan. It was successful in mobilizing funding for basic operations from the MOH. The funding was used to buy IT equipment, fuel for field missions, and other necessities. Finally, the field audit missions highlighted the high demand from the field for IGS audits and the inspectors are currently involved in auditing the National Malaria Program and the National Tuberculosis Program.

In Q2, HFG organized training on ethics for financial auditing. This training was a logical follow-up to the capacity-building process of the IGS team and the implementation of its capacity-building plan. During this training, the participants learned about the specific issues related to ethics for inspections and audits, the identification of appropriate measures to address the specifics of each problem, and how to develop skills allowing self-evaluation in terms of ethics.

HFG also organized a training of IGS staff on internal controls. Like the previous training, it aimed to provide the necessary techniques and skills for conducting internal controls. This training helped reduce the laxity in the application of the management rules, promoted respect for the rules of control, and reduced internal frauds.

In Q3, following the trainings provided in Q2, HFG supported the IGS to do field inspections in Kankan region. The IGS inspected three prefectural hospitals and one regional hospital. The objective of these inspections was to apply the skills acquired with the trainings and to increase accountability in the health facilities visited. The IGS produced reports for each visit, including some recommendations on how to better manage those facilities. It is expected that the EU PASA 2 project, through Expertise France, will continue the technical support to the IGS, using the plan developed with HFG support.

The program was completed in Q3

5.1.10 Mali

Program Objectives - The overall goal of the HFG project in Mali was to increase the use of priority health services, including primary health care services, by partner countries' populations through improved governance and financing systems in the health sector. It focused on strengthening the national health system through innovative interventions at all levels of the system to achieve Universal Health Coverage (UHC) for the entire population.

In Year 6 (FY2018), HFG continued to support the government's efforts to achieve UHC by (i) effective implementation of the Procedures Manual for the Health Sector Development Plan (PRODESS) and (ii) generating data to inform health financing reforms.

Year 6 Activities -

- ***Activity 1: Production of Policy Briefs Using Health Accounts Data.*** Following the training of the Health Accounts team on data analysis in Year 5, a new activity for Year 6 will be to request these groups to generate evidence on specific policy issues and to draft several policy briefs using data from existing studies. The Health Accounts team's work could respond to specific requests of the national authorities or could cover common themes such as out-of-pocket spending, spending at different levels of the health system or between curative and preventive care, and their implications for efficiency. These requests could also be made by the PRODESS thematic groups. The first brief is intended to gain the interest of policymakers and influence their demand for additional briefs. HFG will mentor the groups to conduct secondary data analysis and draft the policy briefs.
- ***Activity 2: Strengthening PRODESS Thematic Groups.*** HFG will support the Ministry of Health and Public Hygiene (*Ministère de la Santé et de l'Hygiène Publique*, MSHP) to reinforce the role and contributions of four thematic groups to follow up on the implementation of PRODESS activities and Health Systems Assessment (HSA) recommendations and become more functional, visible, and results oriented. These four groups are addressing strategic areas especially health financing, UHC, and governance. This activity will reinforce the skills and capacity of the groups targeted (i) to identify and discuss results produced by relevant studies and reports, e.g., the policy briefs produced by the Health Accounts team; (ii) to organize analytical work or relevant studies and research; (iii) to ensure regular updates of health system performance indicators generated through the M&E process; and (iv) to use efficient communication techniques to reach a maximum of stakeholders.

  It is proposed to use methods and techniques related to capacity building in the field of results-based work, interpersonal communication, leadership and management, M&E, operations planning, self-evaluation, and oversight, among others.
- ***Activity 3: Roadmap development to support separation of clinical and public health functions at the District Health Reference Center level.*** HFG will support the MSPH to develop a roadmap for operationalizing the separation of the clinical and public health functions at the District Health Reference Center (CSREF) level. HFG will document lessons learned from other countries that have also attempted to separate clinical and public health functions at a decentralized level, outline key considerations, and propose a roadmap for implementing the separation of functions. The roadmap may include, but won't be limited to, how to phase the implementation, considerations for planning and budgeting the separate functions, and allocation of physical, financial, and human resources. This will include a data collection in two CSREFs (one urban and one rural) through visits to the District Health Team, and care provider teams.

Year 6 Progress Against Objectives -

- ***Activity 1: Production of Policy Briefs Using Health Accounts Data.*** In Q1, the core group in charge of the national health accounts (NHA) teams trained on data analysis in Year 5 started developing policy briefs on the two identified themes: (1) From financial resource mobilization to rational allocation of funds through using NHA; and (2) Toward reducing the weight of care consumption on household living standards. Abt Health Financing expert Dr. André Zida continued to provide technical support to the group as needed. A local consultant will be hired to assist the groups to finalize the briefs before soliciting the inputs from Dr. Zida.

  In Q2, a new focal point for the activity was appointed after the reassignment of Dr. Bintou Toure to another department. HFG conducted a technical review of two policy briefs written by the Ministry, and provided feedback. The two briefs should be ready for submission to the next meeting of the PRODESS Policy steering committee by May 2018.

  In Q3, unfortunately the two reports could not be presented to the PRODESS Committee due to scheduling conflicts. The reports were reviewed by the HFG team and sent back to the Directorate of Planning and Statistics (Cellule de la Planification et des Statistiques, CPS) and the NHA core group to finalize and print, for submission to the forthcoming meeting of the PRODESS. Recommendations were made regarding follow-up during the HFG/Mali EOP event on June 22, 2018. Thus the two reports will be appropriately shared among national key actors.

- ***Activity 2: Strengthening PRODESS Thematic Groups.*** In Q1, a consultant was recruited to support the MSHP to reinforce the role and contributions of four thematic groups to follow up on the implementation of PRODESS activities and HSA recommendations and become more functional, visible, and results oriented. These groups are addressing strategic areas including health financing, UHC, and governance. The consultant developed specific terms of references (ToR), the agenda, and the methodology for the activities. With the support of a designated focal point and the MSHP Secretary General's Office (SEGAL), introductory activities were organized to inform the members of the steering committee including the chairs and co-chairs of the thematic groups.

  In Q2, there was a reshuffling of the MSHP, which resulted in the reassignment of several senior officers who were the focal points for this activity. HFG's local consultant provided an introductory training to all five thematic groups to introduce this activity to the new members and to discuss ways of improving how they function. The consultant prepared training materials and will conduct follow-up workshops with each thematic group separately. Important deliverables to make the groups more productive comprise (i) priority themes to address, (ii) annual action plan, (iii) working modus operandi of group, and (iv) ways forward in the new environment of the current reforms.

  In Q3, the final report and the main deliverables including the action plans and chronogram prepared by each of the five thematic groups were finalized for hand-over to the MSPH in Q4. A summary was presented during the EOP meeting on June 22. The five working groups will receive further guidance from the MSHP on implementing their work plans in the coming months. It is also expected that health donors, partners, and government will provide funding to enable thematic groups to maintain this momentum.

- ***Activity 3: Roadmap development to support separation of clinical and public health functions at the District Health Reference Center level.*** In Q1, HFG planned the implementation of the activity. The ToR were developed and HFG started the process of hiring an international consultant to support the activity. The tasks of the consultant included documenting lessons learned from other countries that have also attempted to separate clinical and public health functions at a decentralized level, outline key considerations, and propose a roadmap for implementing the separation of functions. The roadmap may include, but won't be limited to, how to phase the implementation, considerations for planning and budgeting the separate functions, and allocation of

physical, financial, and human resources. Data collection is planned to be done in two CSREFs, one urban and one rural, through visits to the district public health team and care providers team (clinic).

In Q2, HFG discussed the consultant ToR and methodology for this activity with MSPH officials (the SEGAL) and the USAID Mission. The official decree for the separation of the two functions is in an advanced stage of adoption by the MSPH. Given HFG's limited time remaining, an updated approach for this activity was agreed on with the Ministry and the Mission. HFG will recruit a group of senior government officers with experience of the CSREF and its current reforms and will provide them technical and financial support. HFG proposes to facilitate a series of discussions with the group and other core officials to inform the implementation of separating clinical and public health functions. The activity will be led by HFG's Chief of Party; an international consultant will no longer be employed.

In Q3, due to budget and time constraints, it was agreed to develop a methodology to guide the process of separating the two functions. The ToR were revised and agreed upon with the Mission. This work will use meta analysis, reports, norms, standards and procedures for budget, finance, and asset management, acts related to each level of responsibility of public care provision services. The methodology note was finalized and submitted to the MSHP in Q4.

Program activities were completed in Q3.

5.1.11 Namibia

Program Objectives - The Namibia HIV/AIDS response has been well resourced over the past decade, leading to significant results. For example, the 2013 Mid Term Review of the National Strategic Framework for HIV/ AIDS 2010/11-2016/17 estimated that in the period 2002-2010, 70,000 infections were averted, and children orphaned by AIDS decreased by over 50,000 due to the antiretroviral therapy (ART) program. However, the Government of the Republic of Namibia (GRN) still relies significantly on donor funding to finance health services. Most of this donor funding has been allocated to special programs, such as HIV/AIDS, TB, and malaria. According to the 2012/13 National Health Accounts exercise, 51.1 percent of HIV/AIDS program expenditures were financed by donors. Approximately 8 percent of total health expenditure was funded by donors in 2012/13.

Namibia is an upper-middle-income country with an annual gross domestic product per capita estimated at US$4,673 (in current US$),[2] which is low in comparison to other upper-middle-income countries in the Africa region. Furthermore, Namibia has one of the largest income inequalities as evidenced by its GINI coefficient of 0.61. In 2014, Namibia's per capita spending on health was approximately $499. Namibia's expenditure on health as a percentage of total government expenditure remains slightly below the Abuja target, at approximately 14 percent. In addition, many donors continue to scale down their support for health programs. Continued reductions in donor funding for the HIV/AIDS program is a matter that needs to be addressed with urgency to secure the program's long-term sustainability and safeguard the program's successes and achievements. The GRN needs to identify sustainable means of domestically financing the HIV/AIDS multi-sectoral response to do so.

Overall Objective: Improved sustainability of HIV/AIDS program as a result of increased capacity to mobilize and manage domestic financial resources.

Year 6 Activities - The Namibia field-support activities for Year 6 include the following:

1. Institutionalizing Health Accounts and incorporating a Public Expenditure Review (PER)
2. Analyzing the Efficiency of District and Referral Hospitals in Namibia
3. Conducting a Feasibility Study for achievement of UHC
4. Providing technical support to the UHC Secretariat
5. The Sustainable Financing Initiative (SFI) activity is to support the development of an HIV/AIDS sustainability strategy.

Year 6 Progress Against Objectives -

1. ***Institutionalizing Health Accounts and incorporating a PER***

- Continued support to build local capacity to produce Health Accounts: Provide technical assistance to continue to build the Ministry of Health and Social Services (MoHSS) team's capacity with data analysis and packaging the results for dissemination for the 2015/16 and 2016/17 Health Accounts exercises.
- Explore mechanisms to enable automatic reporting from key data sources in a format that is suitable to facilitate the regular production of Health Accounts. The HFG team will focus its support on enabling the institutionalization of Health Accounts by simplifying and reducing the effort required for data collection. This will include the identification of key sources of data for which automated reporting may be feasible (such as the MoHSS and the Medical Aid Schemes

[2] Naz Todini. 2018. Integration paper: Health Systems and Reform Special Issue http://www.tandfonline.com/doi/full/10.1080/23288604.2018.1440346

data) and exploring how to make the automatic reporting compatible to facilitate the regular production of Health Accounts.

- Support the MoHSS in packaging the results to promote their use: Develop one or two policy briefs based on the results of the 2015/16 and 2016/17 Health Accounts that provide a deeper analysis of a priority policy issue highlighted by the Health Accounts data and present several policy options for moving forward.
- The Health Accounts work in Year 6 will also incorporate a PER. The MoHSS has deemed such an analysis important given the GRN's ongoing budget constraints and the need to ensure that its limited funding is spent effectively and according to national priorities. The analysis will also focus on the alignment of public spending on HIV/AIDS service to the HIV/AIDS policy. The PER is expected to answer the following questions:
- Are health spending and services distributed appropriately among the population to achieve health sector policies and objectives?
- How equitable is health spending and what is the impact on equity of sources and levels of revenue?
- The World Bank has expressed interest in supporting this activity and discussions are underway to figure out how to collaborate.

In **Y6Q1**, HFG supported the MOHSS to finalize the Health Accounts 2014/15 report and accompanying methodological note and to produce two briefs, one on the sustainability of health and HIV financing in Namibia and a second on the HIV financing landscape. The MoHSS disseminated the briefs to key health and HIV stakeholders at an event on October 5, 2017. The event was attended by approximately 50 local stakeholders and the local news media (paper and television). There was a strong presence from MoHSS senior management: the Deputy Minister was a keynote speaker, the Permanent Secretary was master of ceremonies, the Deputy Permanent Secretary presented the results, and the Director of the Policy, Planning and Human Resource Development Directorate closed the event. The USAID acting Country Director and a representative from WHO provided key remarks based on the results. At the dissemination event, the Deputy Minister officially launched the 2015/16 and 2016/17 Health Accounts exercise.

Following the event, the technical team debriefed with USAID and the MoHSS, including the national HIV/AIDS Program, to identify next steps and any additional products or briefs necessary to ensure uptake of the results to inform policy and planning. The team also met with the Financial Director at Paramount Healthcare Medical Aid Administrators to identify key policy issues that Medical Aid Schemes are concerned about and to understand the structure of medical aid data as HFG works to streamline data collection.

The MoHSS moved forward with the 2016/17 Health Accounts exercise, and HFG continued to provide remote technical support where necessary. The MoHSS team finalized planning and scoping for the exercise and began customizing the data collection tool to ensure it covered the relevant HIV/AIDS programming-related elements. HFG also held discussions with the MoHSS to plan adding a deeper analysis of public health financing (via the PER), which would be done as part of the current Health Accounts exercise. The team is still refining this addition to the scope.

In **Y6Q2**, HFG facilitated discussions between the Health Accounts technical team and the National AIDS Spending Assessment (NASA) team to harmonize the data collection efforts. The NASA "AIDS Spending Classifications" were incorporated into the Health Accounts data collection tools and data collection began. This collaboration between the Health Accounts and NASA teams was quite innovative and an important example that other countries will be able to learn from.

In **Y6Q3**, the MOHSS took stronger ownership of the Health Accounts exercise. HFG faced initial challenges in data collection with data gaps and delays, but it addressed these issues through follow-up and coordination with the directorates of Special Programs and of Policy, Planning and Human Resource Development. To institutionalize the Health Accounts data collection process, HFG engaged in further discussions with the Namibia Financial Institutions Supervisory Authority (NAMFISA) and the Namibian Association of Medical Aid Funds (NAMAF) on the existing database. HFG's continued technical support to the MOHSS focused on institutionalizing the Health Accounts process and capacity building of MOHSS to regularly produce and utilize Health Accounts data.

In **Y6Q4**, HFG organized a five-day data analysis workshop in Swakopmund, Namibia, to provide refresher training on Health Accounts Production Tool (HAPT) software, support mapping of the expenditure data for the 2015/16 and 2016/17 financial years in the HAPT, and facilitate the review of the preliminary results. The final results were presented to MoHSS management team in early August, and HFG identified and reconciled any inconsistencies, including NASA. Based on key stakeholder feedback, HFG drafted the 2015/16 and 2016/17 Health Accounts policy report and brief, which will be disseminated by the MoHSS Health Accounts team with support from UNAIDS.

3. ***Unit Costing and Quality Assessment Study:*** In Y6Q1, HFG finalized the study report and will hold a dissemination event in late January or early February 2018.

   In **Y6Q3**, HFG addressed feedback from the MOHSS in June 2018 and began planning a dissemination event for July or August 2018.

   In **Y6Q4**, HFG addressed all feedback from MoHSS and disseminated the findings of the study to key stakeholders at the MoHSS management team meeting.

4. ***Analyzing the Efficiency of District and Referral Hospitals in Namibia:*** This activity started after the economic efficiency and effectiveness analysis for sustainable HIV and AIDS financing study was cancelled after consultation with USAID/Namibia due to overlap with UNAIDS work on the investment case. HFG decided to focus instead on district hospital efficiency, which was a critical missing piece of information in the projection of resource needs for HIV funding. HFG is including in the study 34 hospitals, of which four are referral hospitals (three intermediate hospitals and one national referral hospital). Rundu Referral Hospital was already covered in the unit cost study. Thus, only three referral hospitals needed to be added.

   In **Y6Q1**, three HFG staff from Bethesda traveled to complete data collection at facilities in Namibia. The objective of the trip was to visit and collect data from hospitals that had not submitted a completed quantitative questionnaire or that had significant data gaps. The team spent October planning logistics to prepare for the trip. Each staff member traveled to different regions and one staff member was accompanied by an MoHSS official. The team and in-country HFG consultant visited a total of 16 hospitals in Namibia, including four referral hospitals, in seven regions (Kavango, Omusati, Oshana, Erongo, Kuene, Hardap, and Khomas). At the facilities, the team members met with Senior Medical Officers to collect as much data as possible using the quantitative and qualitative questionnaires. They then followed up with Chief Matrons, Chief Administrative Officers, Ward Supervisors, Health Management Information System (HMIS) officers, Pharmacists, Store Managers, and others to fill in data gaps. The team also met with the Regional Office Directors, Accountants, and Human Resources and Special Programs personnel. One team member met with the Multi-Regional Pharmacist. The team also verified data that the facilities had provided. Upon their return, the HFG staff began entering the data into a consolidated database, where data from all quantitative and qualitative questionnaires, as well as central-level and contextual data are being captured. The team contacted individuals that they were referred to, to retrieve outstanding information.

In **Y6Q2**, the HFG team continued its data verification and also follow-up of the outstanding data. The team also cleaned the available data and started running the preliminary analysis among the hospitals with complete data. The team will discuss the preliminary findings with the MoHSS and complete the analysis based on their input in Q3.

In **Y6Q3**, HFG continued the preliminary analysis using available data as there were no critical data gaps and conducted a sensitivity analysis around the final set of inputs and output variables to base the final analysis write up; the preliminary analysis has helped to identify potential facilities with inefficiencies. The initial software used for the efficiency analysis had constraints in functions and user-friendliness, and HFG identified a more user-friendly software that the MoHSS can use for analysis. In June, HFG organized an orientation for the team from the Directorate of Policy, Planning and Human Resources Development to conduct the analysis using the software and discuss the findings for finalization. HFG is currently drafting the final report based on MoHSS feedback; it will be ready for dissemination in Q4.

In **Y6Q4**, HFG finalized the study on the efficiency levels of district and referral hospitals by holding discussions to review the findings with the team from the Directorate of Policy Planning and Human Resources Development. HFG will disseminate the findings of the study with key stakeholders at the MoHSS management team meeting.

5. ***Sustainable Financing Initiative: Development of HIV/AIDS Sustainability Strategy and Working Group:*** In **Y6Q1**, SFI Namibia activities were initiated with the recruitment of two consultants. The consultants met several times with HIV/AIDS stakeholders. After obtaining guidance from USAID, the consultants developed the Sustainability Working Group (SWG) Terms of Reference, and discussed challenges and the approach to engaging the GRN. The HFG team scheduled two meetings in Q2 with the Mission to discuss the SWG approach, roles, project plan, and priority activities. Due to complexities encountered by the USAID team in forging a shared scope of work with other development partners, as well as due to the unavailability of the MOHSS Permanent Secretary, the meetings with the wider group have not taken place yet.

   During **Y6Q2**, USAID/ PEPFAR, UNAIDS, and the Global Fund partners met with HFG consultants to discuss next steps. Additional meetings were held in March with the MoHSS Permanent Secretary to discuss the sustainability planning process, where we hoped to obtain further political buy-in for the process and to obtain the necessary guidance from the ministry on the way forward.

   In **Y6Q3**, the MoHSS Permanent Secretary identified issues in endorsing the scope of work for HIV sustainability strategy process. To address this problem and ensure alignment of the HIV sustainability strategy with the broader sustainability strategy for health, the MoHSS Directorate of Special Programs submitted a concept note to the Permanent Secretary in April. On June 12, 2018, HFG finally received the formal approval at the MoHSS management meeting to initiate the development of the HIV sustainability strategy.

   In **Y6Q4**, HFG finalized the inception report and held meetings with key stakeholders, where it was agreed that the scope of work should be reduced to the development of an HIV/AIDS Sustainability Framework that will serve as the primary reference document and building block for the development of the comprehensive HIV sustainability strategy. To develop the strategy document, HFG continued stakeholder interviews to gather information and identify sustainability priority areas. The MoHSS, with HFG support, will host a Technical Working Group workshop in Q4 to validate the results.

Q4 Challenges - Due to delays in endorsing the inception report of the HIV/AIDS Sustainability Framework by the MoHSS, the SFI sustainability strategy activity will continue until the end of Q4.

Table 32 provides additional activity-specific updates.

TABLE 32. NAMIBIA ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Implementation and Institutionalization of national health accounts using the updated framework		
Backstop the Namibia MoHSS team in drafting the joint 2015/16 and 2016/17 Health Accounts report and disseminating the findings	The report and accompanying methodological note were finalized.	Dissemination is expected to take place after the HFG project has ended. UNAIDS has been partnering with the Health Accounts team and is expected to support the dissemination event.
Identify key sources of data for which automated reporting may be feasible and explore mechanisms to enable the automatic reporting	The Namibian Association of Medical Aid Funds (NAMAF) developed additional reporting functionalities from their claims database to ensure that the information required for resource tracking, including the System of Health Accounts 2011 and National AIDS Spending Assessment (NASA) methodologies, can be reported on a regular basis.	The data will be available for use in Namibia's next resource tracking exercise.
Backstop the MoHSS team in developing a policy brief/ communication products that answer the key policy questions identified at the onset of the 2015/16 and 2016/17 exercise	The 2015/16 and 2016/17 Health Accounts report was written with three chapters that are three policy briefs: one analyzes public spending on health, a second analyzes the HIV/AIDS financing landscape and results of the NASA analysis, and a third analyzes the sustainability of Namibia's disease prioritization.	
Activity 2: Unit Costing and Quality Assessment Study		
Disseminate results of the study on unit costs of health services	Study findings will be disseminated at the MoHSS management team meeting, along with findings of the efficiency study.	
Activity 3: Analyzing the Efficiency of District and Referral Hospitals in Namibia		
Complete final report including results describing the distribution of key efficiency indicators for public hospitals and efficiency measurements and recommendations to improve efficiency	HFG addressed feedback from the MoHSS and finalized the report for presentation at the MoHSS management team meeting.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Sustainable Financing Initiative Namibia		
Support development of HIV Program Sustainability Strategy	The inception report was presented to the Resource Mobilization Technical Working Group in July. Due to HFG's limited timeframe, the scope of work was reduced to the development of a HIV/AIDS Sustainability Framework; the framework will be the first building block in the development of a comprehensive HIV sustainability strategy and will encompass sustainability in a broader context than focusing merely on financial sustainability. HFG collected necessary information through key informant interviews with stakeholders and will present the findings at a TWG workshop at the end of Q4.	

5.1.12 Nigeria

Program Objectives - HFG submitted work plans to USAID for Year 6 activities that focused on the following:

- Developing health care financing core analytics and capacity in several states, including Bauchi, Sokoto, Cross River, Osun, and Kebbi, to improve the financing, management, and delivery of sustainable pro-poor RMNCH services
- Implementing the Sustainable Financing Initiative in several states, including Lagos and Rivers, with an expansion to four further states in the first quarter, to increase HIV service coverage, strengthen financial protection, and improve access for vulnerable populations
- Ensuring sustainable financing for the provision of TB services through health insurance schemes in targeted states

To achieve these objectives, HFG has been:

- Building capacity in health financing strategy design and implementation
- Strengthening and implementing targeted, evidence-based advocacy strategies and building support for increased government financing of HIV programs and the health sector in general, recognizing the broad range of stakeholders within and outside of SMOHs
- Gathering data and conducting relevant analytics for health financing strategy design

The overall objective of the activities is to develop and implement health financing and Domestic Resource Mobilization (DRM) strategies that increase the level of resources going to health, HIV, and TB programs with a focus on ensuring access and risk protection for vulnerable populations.

Year 6 Activities

- **RMNCH health financing:** To ensure increased resources are available to improve access and financial risk protection for RMNCH, the following activities were planned for Year 6 in Bauchi, Sokoto, Cross River, Osun, Kebbi, and other states:
    - Build the capacity of key stakeholders on basic health financing concepts and implementation of Nigeria's Basic Health Care Provision Fund (BHCPF) so they can effectively carry out their functions (Osun State).
    - Do rapid assessment of designated ward facilities for the provision of services in the BHCPF start-up (Osun State).
    - Develop and implement advocacy strategy for Nigeria's Primary Health Care Under One Roof (PHCUOR) policy directed at other primary health care (PHC) stakeholders, and identify areas of support from the National Primary Health Care Development Agency (NPHCDA) (Osun State).
    - Support the finalization of BHCPF operational guidelines and development of state-level Standard Operating Procedures derived from the operational guidelines to guide key day-to-day implementation activities at all levels (Osun State).
    - Develop and implement advocacy strategy for PHCUOR (Osun State).
    - Support the introduction of a state-supported health insurance scheme (SSHIS) (Bauchi, Cross River, and Sokoto States).

- Do governance/political economy analysis (PEA) to understand what governance structures are currently available and what is still required to enable the implementation of health financing reform (Osun and Kebbi States).
- Do fiscal space analyses (FSAs) to understand state-level capacity for increasing resource allocations to health care given the existing fiscal space environment. These will be conducted for the first time in Plateau, Nasarawa, Benue, Ebonyi, Zamfara, Akwa Ibom, Oyo, Osun, and Kebbi States, and will be updated for Cross River, Bauchi, and Sokoto States.
- Build the capacity of state institutions to conduct public expenditure reviews (PERs) in Osun, Kebbi, Plateau, Nasarawa, Benue, Ebonyi, Zamfara, Akwa Ibom, and Oyo States.
- Establish Legislative Network on UHC in order to sensitize legislators on the concept of UHC and how they can use their statutory functions to contribute to UHC efforts (Bauchi, Cross River, and Sokoto States).
- Estimate household health care expenditures and use in order to inform decision-making for the design of health financing strategies (Bauchi, Cross River, and Sokoto States).
- Support states in the development of a health care financing framework, which will identify context-appropriate policy and strategies for improving health-financing functions and equity fund guidelines for SSHIS (Bauchi, Cross River, and Sokoto States).
- Do actuarial analysis for SSHIS using the benefit package developed by each state (Bauchi, Cross River, and Sokoto States).
- Establish/strengthen a health financing unit and multi-sectoral platforms for improved health financing (Kebbi State).

At the national level:

- ***Support the next cycle of the National Health Accounts***
  - *Sustainable financing initiative:* To ensure increased resources are available to improve access and risk protection for those needing HIV services, the following activities were planned for Year 6 in Lagos and Rivers States:
    - Participate in the Core Implementation Team (CIT) to help finalize the SSHIS's benefit package while making the case for the inclusion of prevention of mother-to-child transmission (PMTCT) and HIV counselling and testing (HCT) services. To this end, HFG will also provide quantitative evidence and modelling such as actuarial analysis and gap analyses to strengthen advocacy and support for HIV service inclusion.
    - Work with the CITs; with State Agencies for the Control of HIV/AIDS (SACAs), which focus on program coordination; and with State AIDS and STD Control Programs (SASCPs) – the MOH units that focus on care and treatment – to advocate for increased funding for HIV programs. In conjunction with this advocacy, HFG will work with the relevant government agencies to ensure that processes (e.g., procurement, financial management) are in place so that all budget resources (existing and supplemental) are fully expended in an accountable manner.
    - Support the Lagos State Health Management Agency (LASHMA) in interpreting the agency's business process manual, design an establishment plan, and develop a performance framework so that it is ready for the launch of the Lagos State Health Insurance Scheme (LSHS), and support advocacy efforts to ensure the passage of the Rivers State Health Insurance law, the establishment of an agency to run the scheme, and the provision of a take-off grant for implementation of the scheme.

- ***DRM for HIV and AIDS.*** In Akwa Ibom, Benue, Cross River, and Nasarawa States and the Federal Capital Territory (FCT):
  - Establish/strengthen multi-sectoral DRM TWG, through which HFG will support health financing core diagnostics like the PER, FSA, and governance/PEA to generate the financial evidence needed to develop a comprehensive resource mobilization plan that makes a case for more money for health and HIV and AIDS.
  - Conduct a rapid public financial management (PFM) assessment to complement budget advocacy efforts by recommending interventions that will address PFM bottlenecks and improve efficiency of HIV spending in the states based on assessment findings.
- ***DRM for TB.*** To ensure the sustainable financing for the provision of TB services through health insurance schemes in targeted states, the following activities were planned for Year 6:
  - Conduct a situational analysis of TB financing in Lagos, Kano, and Cross River States, and generate evidence to advocate for the inclusion of TB services in state health insurance schemes.
  - Conduct stakeholder engagement and capacity building for TB provision in health insurance schemes.
  - Support Lagos, Kano, and Cross River States in the expansion of the benefit packages of their state health insurance schemes to include TB services.
  - Support the operationalization of state-supported health insurance schemes in Lagos, Kano, and Cross River States.

Year 6 Progress against Objectives – Sectoral activities have been defined since the start of FY2018 by appropriation processes. In line with HFG's mandate to improve domestic financing for health generally and in the different spheres of HIV and AIDS and TB response, we have worked through the HFG-supported multi-sectoral TWGs and the Legislative Network for UHC to effect increased budget allocations to the health sector at the focal state level and at the federal level. These efforts led to the inclusion and assent of the statutory 1 percent (minimum) Consolidated Revenue Fund (CRF) in some focal state budgets, as well as inclusion of BHCPF in the federal budget for the first time since the National Health Act was assented in September 2014. The 2018 fiscal federal budget received the President's assent in June 2018, after a five-month delay.

- ***Capacity building and roadmap development.*** Engagements and discussions with legislators since the launch of the Legislative Network for UHC in July 2017 have highlighted the importance of building their capacity to apply their statutory roles to the realization of UHC. The legislators emphasized a lack of capacity primarily in the conduct of oversight, and in the understanding of how to harness and apply their roles and functions to UHC. In response to this, HFG collaborated with UNICEF, the United Kingdom Department for International Development-funded MNCH2 project, National Institute for Legislative Studies, the Federal Ministry of Health, and other partners to design a capacity-development agenda and training modules. The capacity-development agenda included an orientation workshop using the modules, progressing into development of a legislative health and nutrition agenda, implementation tools, and targeted plans for oversight of the health sector. The modules included basic concepts of UHC, the Nigeria health system, roles of legislators, and the impact their functions have on the polity.

  Two hundred-twenty legislators from five of the six geopolitical zones in the country have been trained. HFG supported the participation of its focal states within these zones and provided technical expertise in the delivery of the health-focused modules, while the National Institute for Legislative Studies led the delivery of modules on statutory roles of parliamentarians. Targeted outcomes have been achieved, including improved allocations to and disbursements for health,

earmarked additional funds for health, passage and enactment of SSHIS bills where they did not exist, and the establishment of implementing agencies. An additional 102 legislators of Nasarawa, Benue, and Kebbi States were oriented on tools developed for legislative oversight to equip them with the knowledge required to do this effectively.

Capacity development of the executives in each focal state continued through technical expertise provided in the implementation of roadmaps and action points agreed on during multi-sectoral DRM and health financing (HF) TWG meetings. Kebbi and Kano stakeholders were introduced to institutional, policy and legal frameworks of health financing reforms to strengthen advocacy for increased health funding and the establishment of financial risk protection schemes. The trainings were organized in collaboration with the Federal Ministry of Health, NPHCDA, and state offices of the National Health Insurance Scheme (NHIS). Similar trainings were provided to the media in Cross River State. HFG also started organizational development support to Sokoto Contributory Health Management Agency (SOCHEMA) to build the capacity of the agency to implement the scheme. An assessment of capacity of the agency was conducted, following which targeted capacity enhancement training was given to the agency staff. Around 271 stakeholders have benefited from various aspects of these trainings in domestic mobilization of resources for health, since October 2017.

One hundred-sixty state officers including data assistants, research clerks, program officers, and accountants of various organizations were also trained to conduct the Lagos State AIDS Spending Assessment (SASA) exercise for 2016–2017. Beyond building capacity of participants to collect data, HFG enhanced skills to track the origin of funds to beneficiary populations as well as to generate information for effective advocacy tools toward closing gaps in the HIV and AIDS response. Four members of Rivers SACA joined their counterparts in Lagos to participate in the training.

At least 651 stakeholders benefitted from these trainings supported by HFG to improve local capacity in health care financing reforms across 11 focal states cumulatively.

- ***Legislative network for UHC.*** The proclamation made by the Senate President at the 2017 Summit to ensure the BHCPF appropriation in the appropriation bill resulted in successful partnerships and activities that led to the inclusion of 1 percent CRF as BHCPF in the 2018 federal fiscal appropriation bill, passed by the National Assembly on May 16. Buttressing the importance, they ascribe to the BHCPF, the National Assembly led by the Senate President mandated its Appropriation Committee in November 2017 to appropriate it in the health budget submitted by the Federal Ministry of Health, as the ministry had failed to do so. The federal appropriation received the President's assent in June, marking the first time since the National Health Act was assented in 2014 that the BHCPF (1 percent CRF) would make it into the budget, passed and assented. The second legislative summit on UHC was conducted in July to discuss the role of the legislature in the implementation of the CRF, with participation of four legislators (speaker/deputy Speaker, chairmen of health and appropriation committees and clerks of the house) from each of the 36 states. Executives participated, including commissioners of health and finance, and heads of primary health care boards and state health insurance agencies, as well as federal legislators, the Minister for Health, agency heads, and a host of development partners and media.
- ***Roadmap implementation.*** Other progress includes the speedy, evidence-based passage of contributory SSHIS bills in Sokoto, assent to the Contributory SSHIS in Bauchi, and dedication of official premises for the SSHIS Agency in Cross River State. Lagos has budgeted for and begun recruiting staff to fill identified positions of LASHMA, established to oversee the execution of the Lagos State Health Equity Fund. In Rivers, the technical committee of the Rivers State Contributory Health Protection Program (RIVCHPP) has been reconstituted.

Through these channels, HFG continued to engage with the highest Traditional Ruling Council, labor unions, the State House of Assembly, the Office of the Governor, and state ministries of information, of budget and economic planning, and of finance to improve budgetary allocations and releases to health in general. There was particular reference to the creation of budgetary lines for the take-off of SSHIS agencies, RMNCH, and HIV and AIDS. Successful outcomes are apparent in the inclusion of the 1 percent CRF fund for vulnerable population groups and required funds for PHC facility infrastructure upgrades.

Institutional structures such as the multi-sectoral TWGs and Legislative Network for UHC constituted by focal states with HFG's support are on track to continue successful implementation of their roadmaps developed to improve DRM for health, and the responses to HIV/AIDS and TB after HFG. The TWGs now routinely review the status of respective roadmaps during a monthly meeting in each state, building on the outcome and/or developing new targets as each is met. Successes include the use of evidence from FSAs and budget tracking exercises leading directly to the assent of the SSHIS bill as law by the executive governor of Bauchi State. Other achievements include the establishment of SHIS agencies in Bauchi and Osun States, improved allocation to health across the focal states, and reinstatement of approximately $159,000 in annual allocations from Local Government Authorities (LGAs) to the SACA. Following through on roadmaps led to speedy, evidence-based passage of contributory SSHIS bills and assent in Sokoto and Bauchi States, and dedication of official premises for the SSHIS Agency in Cross River and Bauchi States. The state health insurance scheme was also launched in Cross River State, following the law's assent by the Governor in September 2016. As noted above, Lagos began recruiting staff to fill identified positions of LASHMA. In Rivers, the technical committee of the RIVCHPP has been reconstituted. In Benue State, approximately $159,000 in annual allocations was reinstated from LGAs as now routine contributions to running the State Agency for the Control of AIDS.

- ***More money for health.*** HFG worked with the Lagos MOH to use evidence-based advocacy (including actuarial analyses) for the appropriation of the Lagos State 1 percent CRF, amounting to 6.8 billion naira ($18.9 million) in the Lagos State 2018 budget. In addition to the equity fund, 95 million naira ($263,000) was allocated to LASHMA specifically for HIV and AIDS service provision. Allocations to LSACA and SASCP grew by 5 percent from 2017. In Bauchi, the 2018 appropriation bill was signed into law and 15.3 percent of the total state health budget was allocated to health. For the first time, a budget head was created for child spacing services, 1 percent of the state's revenue has been captured as an equity fund to cater to the vulnerable population on the health insurance scheme, and a take-off grant has been set aside for the agency to implement the scheme. Likewise, Sokoto State's budgetary allocation to health increased from 7,827,500,000.00 naira ($22 million) to 25,658,125,867.00 naira ($73 million) in the approved 2018 budget.

  Budget performance reviews in focal states revealed improved releases for health expenditure, attributable to the support provided to multi-sectoral working groups in budget advocacy supported by HFG. For example, budget releases for health in Sokoto State as of November 2017 were approximately 23 percent for capital expenditure and 90 percent for recurrent expenditure. Advocacies conducted for health and allied executives, backed by evidence from fiscal space assessments, have contributed to a 27 percent budget performance for the Lagos SASCP, compared to the previous year's 0 percent performance. The program received 39.9 million naira budgetary release in the 2017 budget. The SASA report 2014/2015 has been instrumental as an advocacy tool for supporting increased domestic funding for HIV and AIDS. The project is currently supporting the conduct of SASA for 2016/2017.

  Key findings from FSAs in focal states revealed the need to source additional funding for the poor and vulnerable, given that the equity fund (1 percent of CRF) for the enrollment of the poor and vulnerable would cover only 3–5 percent of the poor in states where about 67 percent of the

population are considered poor. Lagos and Sokoto State governments have identified and are instituting processes to source some of the required funds from LGAs and local council development authorities. In Lagos, for instance, the proposed funds would contribute about 1 billion naira ($3.13 million approximately) to the health scheme and 58 million naira ($181,000 approximately) for HIV and AIDS services. The health insurance funds would buy health insurance premiums for an additional 25,000 families of six each, while the funds for HIV and AIDS services would procure additional HIV rapid test kits and other consumables in LGAs.

- ***Increasing prospects of inclusion of HIV and AIDS service in SSHIS benefit package.*** A comprehensive actuarial analysis supported by HFG was conducted in Lagos to determine the actuarial cost of the proposed scenario of the benefits package, relative to the approved premium ceiling of approximately 40,000 naira ($125) for households and 15,000 naira ($46.9) for individuals. This followed a review of the LSHS benefits package that identified the need to update the HIV and AIDS costing using Dolutegravir (DTG), the new ARV. In Rivers State, the benefit package, which contains scenarios of coverage of HIV and AIDS services including HCT, PMTCT, and ART, was developed and finalized with HFG's support in Q1, and an actuarial analysis, including HIV services, was completed.

  HFG continued its support to LASHMA on the comprehensive actuarial analysis of the revised LSHS benefits package to cover medical costs, administrative charges, and reserve margin. Updating the modular costing of HIV and AIDS services using DTG preliminary results revealed that it will require an additional premium of 175.10 naira (~$0.50 in 2018) per person per year to assess HIV and AIDS services. This is less than the cost of an additional 209.40 naira of conventional ARV drugs. In Rivers, stakeholders finalized the benefit package, which contains scenarios of coverage of HIV and AIDS services including HCT, PMTCT, and ART.

- ***Evidence to action.*** Results of diagnostic assessments in PERs and FSAs, and governance/political economy analyses conducted in Bauchi and Sokoto States, were presented to state stakeholders for validation. Evidence from these assessments and the 2017 budget performance review continue to be used to engage Parliament and the Executive to enforce the need for health care financing reform. A success of note is that the sums required for infrastructure upgrades of PHC facilities arrived at in HFG service input gap costing activities in Cross River and Bauchi States were included in the 2018 fiscal budget for both states. Diagnostic assessments in Osun State were concluded, including FSA, PER, and governance/PEA. Findings from the assessments were synthesized and presented to the state to identify opportunities and devise mechanisms of translating findings into additional funds for health using HFG's Diagnosis to Action Framework. Fiscal space analysis public financial management and public expenditure review/assessments have been concluded in all respective states. Findings were validated by stakeholders during evidence synthesis workshops and final reports were produced.

- ***Innovations for improved health governance and financing for UHC.*** Legislators continued to lead processes of change at the federal level and in their respective states through the platform of the Legislative Network for UHC launched by the senate president in July 2017. The network has successfully coordinated development partners including programs funded by the World Bank, United Kingdom Agency for International Development (UKAID), Bill and Melinda Gates Foundation, and United Nations Children's Fund (UNICEF) in this effort, achieving the following in the process:

  - Passage of the 2018 fiscal federal budget as law with 1 percent of CRF included as BHCPF according to the provisions of the National Health Act. This achievement marks the first time the federal budget would be passed with the CRF included since the National Health Act was assented as law in September 2014. The BHCPF is approximately 57 billion naira to provide a

minimum package of basic health services to vulnerable populations including pregnant women and children under five years of age.

- Since the launch of the Legislative Network for UHC, legislators have increased legislative advocacy on health, resulting in increased budgetary releases to the health sector in some states.
- Passage of 2018 fiscal budget of most states with at least 1 percent CRF as equity fund included.
- The first Legislative Summit on UHC convened to launch the Legislative Network for UHC and secure commitment of legislators towards the attainment of UHC through the application of their statutory roles of appropriation, legislation, representation, oversight, and accountability.
- Launch of the Legislative Network for UHC to leverage statutory functions of the legislature in Nigeria for improved health care financing towards UHC in Nigeria. To achieve meaningful impact, the network consists of speakers, chairmen of health, finance/appropriation, public accounts committees and clerks of the national house of assembly and the nation's 36 state houses of assembly. The network is a first of its kind in Nigeria and perhaps globally.
- The second Legislative summit on UHC was held to reach a consensus with the executives on the role of legislators in the implementation of the BHCPF.
- Establishment of a Technical Advisory Group chaired by USAID and made up of the partners listed above as well as others including the Malaria Consortium, Federal Ministry of Health, Society for Family Health, Christian Aid, civil society, and the media.
- Capacity building of legislators in five geopolitical zones of the country on basic UHC concepts, and effective application of their statutory functions and roles for UHC.
- Development of legislative health agenda by respective states, defining health priorities, legislative targets, and resources required to achieve set targets.
- Development of legislative tools and performance monitoring frameworks to use in oversight of health care facilities and health Ministries, Departments and Agencies.

RMNCH Health Financing

- ***Bauchi.*** HFG provided support to Bauchi State to conduct a costing exercise for the infrastructural upgrade of 50 PHC facilities as part of the broader Service Availability and Readiness Assessment (SARA), and in alignment with the government's policy on PHC revitalization using the bills of quantity methodology. The results of this exercise, along with findings from the PER, FSA for health, and governance/PEA, were presented to the state during an evidence synthesis workshop. During the workshop, evidence generated from the SARA was further investigated to identify the feasible opportunities to mobilize more money for health and where best to spend it for maximum impact. Furthermore, PFM bottlenecks to be overcome, like budget realism, were identified, and key governance actions around donor/sectoral coordination on and leveraging of strategic partnerships with the State House of Assembly were recognized as pertinent to translating the opportunities for spending more on health and spending well into reality.

  Armed with evidence generated from the budgetary performance-tracking exercise conducted quarterly by the HF TWG, the Legislative Network on UHC, led by the Speaker of the House of Assembly, and other identified champions via our ongoing PEAs, met with the governor of the state to declare a state of emergency in the health sector due to the low capital budgetary releases for health, which stood at 3.1 percent at the end of Q2. In addition, the advocacy team also requested the governor to sign the Bauchi State Contributory Health Scheme (BSCHS) bill into law as well as to consider the Bauchi State health trust bill, which seeks to mobilize additional resources for the health sector. As a result of this advocacy, the governor ordered an

immediate approval of 250 million naira ($668,790) for the renovation of selected secondary facilities across the state and gave his assent to the BSCHS bill.

Following the governor's assent of BSCHS, the head of the agency was appointed by the state executive governor and confirmed by the State House of Assembly. As the BaSHEMA has been identified as one of the key pillars for health financing reforms in Bauchi State, HFG provided support for the development of a health benefits package for the scheme that is responsive to the needs of the population and aligned with the state minimum service package for health. Operational guidelines were also developed to aid smooth implementation of the scheme. Additionally, the project conducted a capacity-building workshop for state legislators on the basics of health financing and health financing reforms. The output of this training was a legislative health agenda that details how the legislators can use their statutory functions of legislation, appropriation, accountability, and oversight to bring in more money for health and more health for the money. Furthermore, the HF TWG engaged with the Ministry of Budget and Economic Planning (MBEP) and the State House of Assembly to ensure that the budgetary allocation to the health sector is sustained at above the 15 percent target and the following are captured in the 2018 appropriation law: 1 percent CRF equity fund for the vulnerable population on the BSCHS, the figure from the PHC infrastructural upgrade costing exercise, 800 million naira ($1.31 million), the take-off grant for the BSCHS agency, and the government's partial subsidy for the civil servants on the BSCHS.

The BSCHS and Bauchi State health trust fund laws drafted as part of legislative reforms to improve the health financing system in Bauchi State were gazetted for public dissemination. The project also supported a press conference in which the laws were presented to the public. This provided an opportunity for the health ministry leadership to clarify issues from stakeholders, entreat support from the public for their participation, and advocate to the government to fulfill its obligations to the BSCHS and the health trust fund.

The project continued to provide technical support to the Health Financing TWG, health inter-agency management team, and the Legislative Network for UHC to ensure the effective design and implementation of the Bauchi State health contributory scheme. A health insurance expert was embedded within the health financing unit to support the development of key documents required for effective advocacy. An establishment plan detailing the proposed organogram of the agency and person specifications of the key positions was developed. This was used in head-hunting the best fit candidates from within the civil service system to be seconded to the agency.

As part of enhancing the capacity of the Health Financing unit to conduct health financing core diagnostics, and institutionalizing intelligence gathering, the project worked with identified focal persons to update the Fiscal Space for Health and Public Expenditure Review analysis as well as conduct technical efficiency assessments. Similarly, a household survey on health to estimate the household expenditure on health, among other things, following all necessary IRB approvals, was also conducted, to form part of the inputs required for a broader state health accounts exercise as well as serve as a baseline for impact evaluation of the Bauchi State Contributory Health Scheme in the future.

To ensure an appropriate mix of health financing mechanisms in the state, HFG continued to support critical design elements required for the successful take-off of the BSCHS. The health benefits package and scheme's operational guidelines were finalized and validated by the state actors. Additionally, the costing of the health benefits package and actuarial analysis for premium cost determination, development of a business process manual and funds management guidelines were completed and validated.

- Legacies/Achievements
  - Health Financing Unit (HFU) established and fully functional in the State Ministry of Health.
  - Budget performance tracking exercise.
  - Review, harmonization and finalization of the two-year old abandoned BSCHS bill in line with the national guideline, thereby resolving disagreements and moving the process of passing the bill forward.
  - An increase in capital releases from 3.1 percent in 2016 to 18 percent in 2017 was the result of efforts of the multi-sectoral collaboration of the Health Finance TWG and the Legislative Network for UHC. Through these platforms, the evidence from budget performance tracking was used to engage the executive governance to act to increase capital releases.
  - For the first time, a budget line and releases of 190 million naira was provided for child spacing (family planning) activities. This was a result of a needs assessment that found that child spacing activities had no budget. HFG facilitated advocacies through the TWG that helped in the realization and release of the budget line.
  - Nutrition releases of 10 million naira was last done in 2013, and in 2017 through the TWG, HFG secured releases of 37 million naira from the counterpart funding where the state contributed 20 percent and UNICEF contributed 80 percent.
- **Cross River.** HFG's focus was on facilitating the readiness of the Cross River State Health Insurance Agency (CRSHIA) to effectively implement the Cross River State Health Insurance Scheme (CRSHIS). HFG provided technical support to complete the development of the CRSHIS operational guidelines, which specify the objectives of the scheme, roles of the different stakeholders and processes for implementing the scheme, and the business process manual for the agency, which details the business processes for the various departments. Additionally, the health benefits package for the CRSHIS was developed, guided by evidence on burden of disease as well as resources available to the state.

  HFG provided support for the staffing of the agency through the development of an establishment plan, which detailed the organogram, corporate mandate, and job-specific requirements for the key positions. This was used to engage the head of civil service in the state to head-hunt individuals with requisite skills to fill such positions. Through training workshops and the embedding of a technical insurance expert within the agency, skills transfer on health insurance operations took place. Additionally, the project provided organizational development support to the agency to build institutional capacity needed to manage health insurance-specific functions and general management functions.

  On budget advocacy, HFG continued to leverage the multi-sectoral nature of the HF TWG while using evidence from the health financing core diagnostics to engage with the state budget office to ensure adequate budget allocation for health in the 2018 appropriation. As a result of our supported advocacy efforts and requests, the approved 2018 fiscal budget contains the 1 percent CRF to cater to the indigent and vulnerable on the CRSHIS, government subsidy for the civil servants on the CRSHIS, take-off funds for the CRSHIA, bill of quantities estimates for the upgrade of PHC facilities, and increased budgetary provision for health generally and HIV and AIDS, RMNCH, and TB in particular. During the 2018 budget appropriation process, the project provided support through the multi-sectoral HF TWG to prepare advocacy briefs used to defend draft budgetary provisions. Key areas emphasized for spending more and spending well included health insurance scheme implementation, primary and secondary health facility upgrades, and filling the human resources for health gap.

The HFG team paid several high-level advocacy visits to the Cross River State Governor, to maintain focus on the scheme's implementation. During the visits, the team succeeded in building a compelling case for the launch of the CRSHIS, following deliberations on the technical readiness of the health insurance agency and the support being provided and to be provided by the project. The scheme was eventually officially launched on May 28, 2018 with the governor and his wife being enrolled, along with public statements of future fund releases from the government and funds donations from political officeholders to cover critical target populations and the indigents on the scheme. Currently, marketing and active sensitization are ongoing for the enrollment of beneficiaries unto the scheme.

In anticipation of the launch of the CRSHIS, the project supported the development of a CRSHIS roll-out plan and identified stakeholders that will be responsible for the different activities. HFG supported the CRSHIS in its efforts to build strategic relationships with the State House of Assembly, central budget Ministries, Departments, and Agencies (MDAs), the Ministry of Information, the NHIS, and other development partners. This plan detailed the key activities, needed resources, and responsible parties for putting in place critical elements before the scheme launch and access to care. To ensure successful implementation of the plan, the project supported the CRSHIA in engaging with the various health implementing partners to align their activities with the government's policy direction. In response to this, the MTN Foundation pledged to revitalize (infrastructural upgrade and provision of equipment) eight general hospitals across eight LGAs in the state. Other implementing partners also focused their capacity-building efforts and facility support on the health facilities selected for the CRSHIS. Other activities included the finalization and validation of the benefits package, actuarial analysis to determine the premium contribution (9,000 naira for an individual package and 45,000 naira for a family package), selection of health facilities that will form part of the provider network, selection of a rigorous and transparent third-party administrator (to serve on the scheme in the capacity of ICT solution providers, enrollment agents, and claims managers), and development of service-level agreements for health facilities, and contractual agreements for the TPAs.

Through strategic partnerships facilitated by the project, the CRSHIA got support from the NHIS and other partners to conduct health facility accreditation and selection. Regarding the state's PHC revitalization efforts, the state PHC agency is using evidence from HFG's service input gap costing to advocate to politicians and philanthropists to adopt a facility initiative, and has successfully secured the commitment of a state constituency senator to fund provision of medical equipment in eight PHC facilities.

In collaboration with the CRSHIS, HFG conducted a state-wide capacity-building workshop for the health care providers whose facilities were selected for the scheme. Some leaders of organized labor participated as well. The workshop revealed that some capacity has been transferred to some of the staff of the Health Insurance Agency.

In addition, HFG supported targeted advocacy visits to achieve more money for health. Funds were secured from the Saving One Million Lives (SOML) project for the procurement of office equipment for the health insurance agency. The office of the governor approved the monthly operational costs of the health insurance agency. Currently, efforts are ongoing to start deduction of 3.5 percent from all civil servants and public-office holders for a family package on the CRSHIS.

- Legacies/Achievements
  - Established a functional Health Financing Unit of the MOH
  - Established a functional HF TWG
  - Functional CIT

- Functional DRM TWG
- Launch of Cross River Health Insurance Scheme with government-budgeted operational costs

- ***Sokoto.*** The health financing core diagnostics analytics were completed, including the PER, FSA, and governance/PEA, SARA, and costing to generate evidence for planned reforms. The costing exercise focused on 46 priority PHC facilities, two from each LGA in the state, prioritized for revitalization in order to ensure availability of quality services when the SOCHEMA scheme begins operating. An evidence synthesis was conducted involving key stakeholders, during which an action plan was developed on the use of this evidence to advocate for more money for health targeting the ongoing 2018 budget cycle. These key assessments showed that although Sokoto State made a 12 percent expenditure on health in 2017 with good budget execution rates for capital and recurrent budgets, the present allocation will be grossly inadequate to take on the demands of providing coverage to the poor and vulnerable population in the state (estimated at 86 percent of the population, approximately 4.5 million people) and in revitalizing at least two PHC facilities in each LGA to ensure service availability (estimated cost of renovation is 800 million naira for the 46 prioritized facilities excluding equipment, human resources, and commodity costs).

  The SOCHEMA bill was approved by the executive council and forwarded to the State House of Assembly for passage, following which it received its first and second reading within six days of arrival at the State House of Assembly. This fast passage from bill to law is attributable to the multi-sectorial collaboration through the HF TWG and the Legislative Network for UHC, in which the Sokoto State legislators played a key role. To enhance the role of these legislators, HFG supported their participation at the North West Legislators capacity building on UHC, as well as a visit to the Kano State House of Assembly in order to discuss challenges and learn lessons from the Kano scheme. Stakeholder are using the information generated from the health financing diagnostics to make a case for an increased CRF allocation, from 1 percent to 2 percent; use of other innovative sources including Zakat funds (estimated at approximately 240 million naira a year) for coverage of vulnerable populations; and use of LGA funds and contract funds to provide coverage for the poor through the scheme. The governor set up a multi-sectorial committee including 10 Honorable Commissioners to devise a mechanism for integrating Zakat into the SOCHEMA scheme.

  HFG in collaboration with the NHIS also conducted training for the staff of the SOCHEMA agency to build their capacity to effectively implement the scheme. The NHIS also supported the state in the conduct of accreditation of facilities in readiness for the start of the scheme. The TWG continued to use the information from the evidence synthesis to make a case for increasing the health allocation to 15 percent in the 2018 budget and for making adequate budgetary provision for revitalizing PHC facilities in order to ensure availability of health service providers to enrollees. In addition, a budget line was created for family planning in the 2018 budget and allocations made in order to improve RMNCH financing in the state as a result of the evidence-based advocacy. The MOH officials using the evidence from the diagnostics made a sufficient case during the health budget defense at the State House of Assembly. Legislators were convinced and better understood why more money needed to be allocated to health, leading to a health budget increase from 7, 827 billion naira to 25,658 billion naira in the approved 2018 budget. Ultimately, the health budget rose from 7.8 percent in 2017 to 11.96 percent in 2018.

  The Sokoto State House of Assembly conducted a public hearing on the SOCHEMA bill, attended by key stakeholders from different sectors in the state including the community, religious leaders, trade unions, labor unions, MDAs, professionals, and the private sector, who

expressed their endorsement for the scheme as well as federal attendance by the reinstated NHIS executive secretary. This went a long way in ensuring acceptance by the communities. Evidence from the diagnostics and evidence synthesis was instrumental in making significant revisions to the bill following the public hearing based on submissions by the commissioner for health and HFG. Provisions for additional sources of funding were included in the bill and include increases from 1 percent to 2 percent CRF, a 1 percent contribution from the LGA, *Zakat* fund integration (approximately 240 million naira a month), and 0.5 percent of contract funds. HFG also made a submission on the importance and benefits of a single pool of health insurance funds, and integration of *Zakat* funds set aside for health care for the vulnerable with health insurance funds, which the state accepted. The House of Assembly passed the bill six days later and it now awaits the governor's assent. To that effect, the governor set up a multi-sectorial committee including 10 honorable commissioners to devise a mechanism for integrating the *Zakat* into the SOCHEMA scheme as an additional source of funds for the scheme.

Within the year, HFG also began organizational development support to SOCHEMA to build the capacity of the agency to implement the scheme. An assessment of current capacity of the agency was conducted, following which targeted capacity enhancement training was given to the agency staff. In collaboration with the SMOH, HFG supported the development of a draft Health Financing Policy Framework document that will guide all health financing mechanisms in the state across the three health financing functions and in alignment with the National Health Financing Policy.

Meanwhile, the TWG with HFG's support continued implementing the action plan developed during the evidence synthesis workshop towards ensuring more money for health and more health for money. Advocacy was conducted to key actors including the State House of Assembly and Finance Ministries, and the bill of quantities for PHC revitalization was used by the State Primary Health Care Development Agency (SPHCDA) to engage the executive governor, who committed to revitalize PHCs in readiness for the implementation of SOCHEMA. Similarly, the bill of quantities is also being used to source for support from partners and the private sector in order to close service delivery gaps in the state. HFG is also supporting the SMOH, SPHCDA, and other relevant ministries in asking for budgetary fund releases and conducting the strategic advocacy.

Following the passage of the SOCHEMA bill by the State House of Assembly, efforts to establish and implement it increased. After advocacy and engagement efforts, the executive governor signed the bill into law that provides its legal backing and outlines funding sources for the scheme. The scheme will be launched before the end of the year and preparations are ongoing to ensure readiness of the scheme to begin implementation immediately on its launch. The SOCHEMA has been supported in developing operational documents that will aid successful implementation of the scheme. These documents – which include: operational guidelines, a benefit package, an establishment plan, a business process, accreditation procedures, selection and contracting of a provider manual, providers' services agreement, ICT guideline and blueprint, and a communication and marketing strategy for the scheme – have been validated and finalized by the State.

SOCHEMA, with support from HFG, also conducted a media engagement workshop where the media were educated on the benefits of the scheme and developed action plans for promoting the scheme among the populace. The agency also piloted a robust ICT platform following the ICT guideline developed in readiness for the take-off of the scheme. Staff of the agency were further trained on health financing concepts and operationalization of the scheme. The workshop served as an avenue to outline and agree on roles and responsibilities of each department. An action plan itemizing number of activities to be carried out in preparation for

the launch of the scheme was developed and shared with all departmental heads for implementation. Enrolment into the scheme has begun and currently covers two formal MDAs, with a total of 1,644 enrolled into the scheme. The two MDAs enrolled were the Ministry of Home Affairs and the Sokoto State Primary Schools Staff Pension Board. All the principals and their dependents were enrolled. Their biometrics were captured, but the only photograph now available on the platform is of the principal. The TPAs will be assigned to capture the photographs of the dependents.

- Legacies/Achievements
  - Assent of SOCHEMA Bill by governor, as law.
  - Establishment and operationalization of Multi-Sectoral TWG.
  - Establishment of the HFU in the SMOH that has been driving the health financing reform in the state.
  - Increased budgetary allocation to health to 11.63 percent (25 billion naira) compared to 7.8 percent (7.8 billion naira) in 2017.
  - Integration of the health component of *Zakat* with SOCHEMA.
  - The SARA report provided evidence to earmark for additional funds, and achieved strong legislative support that led to inclusion of not less than 2 percent for BHCPF in the SOCHEMA Law.
  - Creation of a line budget for child birth spacing in the 2018 budget.
  - The SARA Report revealed the need for 600 million for PHC revitalization; this led to g 405 million being earmarked for PHC revitalization in 2018.
- ***Osun.*** Osun State established a TWG, which HFG trained on basic health care financing and reforms, following which a roadmap was developed with clear action points on requisite actions to be taken to improve health financing in the state. This involved a wide range of multi-sectoral stakeholders that can influence health financing decisions in the state, including the ministries of health, budget, finance, justice, and capital development, and legislators.

  Osun State was selected for the start-up of the BHCPF; however, prior to the HFG project, it had made limited progress in preparing for the launch of the fund. To further this process, HFG supported the state in its collaboration with the NHIS to draft a bill to establish the Osun SSHIS. The bill provides for the establishment of the Osun State Health Insurance Agency, a pre-requisite for assessing the BHCPF. Recognizing that the passage of the bill may take considerable time due to the procedures that must be followed, the leadership of the Osun SMOH and TWG engaged the state government in the set-up of the agency and appointment of the director general. These efforts were made to ensure that Osun State qualifies to receive the funds for the BHCPF by January 2019. The State Health Insurance Agency was established within the second quarter of the year and an executive secretary (Dr. Niyi Oginni) and six key directors appointed. HFG supported the state in identifying other competent key staff. Office premises were also allocated to the agency, so it could begin its activities. In addition, the State Executive Council approved the Osun State Health Insurance Bill and forwarded it to the State House of Assembly, an important output of interventions and advocacies led by the TWG and facilitated by HFG. Furthermore, HFG supported the Osun SMOH in engaging with the media and civil society organizations (CSOs) in the state on the planned SSHIS and their role in creating awareness among the general population on the benefits of enrolling in the scheme. HFG also leveraged its experience in other states to support the state's development of draft operational guidelines that will guide scheme implementation.

HFG supported the development of an operational manual for the implementation of the BHCPF at the federal level, which was used by the three start-up states, including Osun, to implement the scheme. To generate evidence for decision-making and to adequately design interventions, HFG conducted several core health financing diagnostic assessments including a PER, a fiscal space analysis and a governance/political economy assessment. The findings from these assessments have been guiding the state in its health financing reforms and to ensure appropriate targeting of efforts.

To address the supply-side gaps by ensuring that facilities are available and ready to provide quality services, HFG initiated engagements, developed protocols, and identified data collectors for a SARA and costing that will inform the revitalization plan for PHC facilities in the state. This is important in complementing the Osun SSHIS when it begins operating.

Diagnostic assessments including FSA, PER, and governance/PEA were concluded in the state and reports were produced, following which an evidence synthesis was conducted. During the evidence synthesis, the stakeholders deliberated on the key findings, which included high levels of recurrent expenditures especially on the health workforce, with no matching productivity gain in the workforce; the huge amount of money required to provide coverage for the poor through the health insurance scheme; and the possible sources of additional funding for the SSHIS. The BHCPF, when released, will amount to an additional 833 million naira; however, there will be need for significant funding for revitalization of the health facilities to provide quality health care when the scheme starts. Possible sources of additional funding include increasing from 1 percent to 2 percent the CRF (an additional 750 million naira) contribution; including 1 percent LGA contribution to the equity fund (an additional 443 million naira); and increasing the health budget (currently 6 percent of total government spending) to attain the 15 percent Abuja declaration. Based on results of the FSA, the stakeholders developed a communiqué of action aimed at improving spending on health and advocating for additional sources of funding. The TWG made an advocacy visit to the deputy governor; she expressed her support in achieving the targets sought by the SMOH in ensuring more money for health and more health for the money.

Following the visit, additional staff were deployed to the agency, which now has a complement of 20 staff. The state government also released funds from SOML for the renovation of the office space for the agency in order to enable the start of activities, and the agency staff have moved into their offices and begun preparations for the start of the scheme. To speed up the process of bill passage, the SHIS and the SMOH, with support from HFG, conducted an orientation for the policymakers on the contents of the bill in order to increase their understanding of the provisions and benefits of the bill and how it fits into the UHC agenda. The State House of Assembly has committed to passage of the bill before December 2018.

HFG supported the Osun SMOH and SPHCDA in conducting a Service Availability and Readiness Assessment in 332 health facilities in keeping with the policy direction of the NPHCDA of revitalizing at least one PHC per ward. Data was collected from these facilities by state-based interviewers and supervisors to enhance ownership and retain capacity in conjunction with the FMOH. This assessment is a key criterion required to qualify for the BHCPF, and will also be used to improve service delivery in the state, especially with the start of the SHIS.

In continuation of support to operationalize the scheme, HFG facilitated the operationalization training of the State Health Insurance Scheme staff alongside their Abia counterpart. This is to deepen the knowledge and understanding of the staff on health financing and health insurance operations concepts.

HFG also supported the establishment plan and development of job descriptions for the Osun Health Insurance Scheme (OHIS), during a workshop that spelt out the importance of organizational structure for effectiveness, efficiency and responsiveness of the agency.

HFG supported the SPHCDA in the development of the Minimum Service Package, one of the key implementation requirements of the Basic Health Care Provision Fund BHCPF through the SPHCDA Gateway. Operational guidelines for the SPHCDA that suit the state context and based on best practices were also developed.

- Legacies/Achievements
  - The Health Care Financing (HCF) Unit created with HFG's support.
  - The Health Care Executive Secretary, management team, Financing desk officer and support officer at the OHIS appointed.
  - Established and functional TWG on RMNCH has recorded success in mobilizing support from political stakeholders.
  - The findings of the FSA, PER, political economcy and household survey assessments were instrumental during advocacy to make a case for improved budgetary allocation and releases, realisation of the SHIS, and private sector involvement.
  - Findings from health financing diagnostics were used to generate evidence for improved budgetary allocation, release, and private sector involvement.
- ***Kebbi.*** Prior to the HFG intervention, Kebbi State had made little effort to establish an SSHIS. This state is also one of HFG's "later" states, as implementation began in January 2018. The state's health sector, led by the commissioner for health, was engaged in December to introduce USAID's interventions to be implemented through the HFG project. The meeting was held at the Kebbi SMOH. Implementation began with the creation of a health care financing TWG with the head of service as the chair. The TWG facilitated the development and adaptation of the scheme bill so it not only ensures adequate and sustainable funding that will be efficiently and equitably used to provide quality health care services for all, but also conforms to local cultural and religious norms. The TWG appointed three subcommittees: Advocacy and Sensitization, Bill Drafting, and Health Financing and Technical.

  Following basic health care financing training of a wide range of multi-sectoral stakeholders, significant progress was made in implementing the roadmap.

  To coordinate and guide health financing reforms, a health financing unit with six staff was established. Health financing core diagnostics including the PER, FSA, and governance/PEA were conducted. Findings were analyzed, presented to the state, and validated during an evidence synthesis that was conducted to identify opportunities for spending more and well on health. The reports of the assessments have been finalized. The state used the findings from these assessments to inform the design of the SHIS and in mobilizing resources for health.

  A community sensitization workshop was conducted in the state with support from HFG to create awareness on the contributory scheme and to enhance public acceptance of the planned SSHIS in the state. This involved key religious and community leaders including the council of Ulamas, Sultanate Council, and religious authorities, during which the concepts that were religiously unacceptable were replaced with acceptable ones. This included using the term "contributory scheme" to replace the word "insurance," because insurance is perceived to be contrary to religious teachings.

Following the community sensitization and buy-in obtained from a wide range of stakeholders, the Kebbi SHIS was finalized and sent to the governor, who forwarded the bill to the State House of Assembly, bypassing bureaucratic obstacles. The members of the House were also engaged on the contents and benefits of the bill in preparation for its passage. HFG also supported the SMOH in identifying some key staff that will be posted to the agency to enable effective implementation of the SHIS. In addition, the governor allocated office premises to the SHIS and gave assurances of appointing an executive secretary promptly. In preparation for the take-off of the scheme, HFG provided technical support for the development, review and finalization of operational documents for the SHIS, including the benefit package, operational guidelines, and establishment plan and business process. The documents were reviewed and finalized in partnership with the state.

HFG supported the training of legislators on the bill, the review of the Kebbi State legislative agenda for health, and oversight visits to key LGAs in the state by the legislators, as part of the activities of the Legislative Network for UHC. In addition, HFG supported advocacies and sensitization to the four emirates in the state – Gwandu, Argungu, Yauri, and Zuru – to create awareness and sensitize the community on the state health care contributory scheme. During the visit, the team met the Emirs and council, discussed the scheme, and addressed the fears of the community members, after which the Emir conveyed the full support of his Emirate for the scheme.

This activities and advocacy to the state governor resulted in the assent of the SHIS bill as law within less than four months of HFG's intervention. The assent followed the orientation of legislators on the draft bill and speedy passage of the bill a week later. The bill passed its first and second reading the same day, and three days later the bill was passed into law.

- Legacies/Achievements
  - Passage of the State Health Insurance Scheme (SHIS).
  - Functional Health Financing Unit.
  - Policy documents that will be used as a guide and referral points for policy implementations.
  - Early engagement of legislators and the executive through the Legislative Network for UHC led to an increase of budgetary allocation to health from 4.6 percent to 9 percent in the 2018 budget.

- ***State-Level Peer Learning Network:*** The Joint Learning Network for Universal Health Coverage in Nigeria (NJLN)[3] aimed to model the practitioner-to-practitioner learning of the global Joint Learning Network (JLN) by connecting Nigerian government leaders from state health agencies to enable learning exchange, knowledge co-production, and adaptation of learning in support of UHC, both across states and between the state and federal levels. In November 2017, the government of Nigeria sent a call for expressions of interest to all 36+1 states in Nigeria to participate in the network's technical collaboratives, as prioritized by the states during the network's start-up workshop held in July 2017. The collaboratives are:
  - The SSHIS Collaborative, which focuses on expanding coverage to the informal sector
  - The PHC Collaborative, which focuses on human resources for health and sustainable financing for PHC

[3] The network is co-funded by the U.S. Agency for International Development (USAID) through HFG and the Bill and Melinda Gates Foundation, in collaboration with the World Bank. Additional support for state participation is provided by the World Bank and the Nigeria Maternal Newborn and Child Health Program.

With the support of HFG and a consortium of partners, a total of 22 states had applied to participate in the collaboratives by the close of the Expression of Interest application process, and were invited to join the network and participate in the technical collaboratives launch workshop.

HFG, in collaboration with the government of Nigeria and a consortium of partners, subsequently organized a three-day workshop to officially launch the two technical collaboratives under the NJLN with 18 states[4] in attendance. The collaboratives are related to PHC strengthening (PHC Collaborative) and operationalizing SSHIS (SSHIS Collaborative). Both collaboratives engaged in joint learning related to key topics and prioritized one or two topics to focus on for the remainder of the collaborative and the knowledge product.

The PHC Collaborative agreed that adequate and sustainable health financing, strong leadership and governance, high levels of community involvement, and sufficient numbers of competent and motivated health workers are needed to strengthen PHC facilities and provide high-quality health services. To make progress, evidence-based advocacy and stakeholder engagement at all levels will be essential. Before the workshop closed, ***the states agreed to develop a knowledge product on effective use of direct facility financing***. This will prepare facilities to receive and effectively manage new sources of direct facility financing, such as from the SSHIS and the BHCPF.

- The SSHIS Collaborative explained that SSHIS is not an end in itself; rather, it is one mechanism to progress toward UHC. The collaborative focused on informal sector coverage and learned that it is technically and politically difficult to start with the formal sector and later expand coverage to the informal sector. Participants agreed that both government revenues and insurance premiums are likely to be required to sufficiently finance SSHIS coverage of the informal sector. At the end of the three days, ***states agreed to develop a "How-to" guide on the design and implementation of SSHIS, with a special focus on how to reach the informal sector to expand population coverage***.

  Across both collaboratives, all participants agreed that the content of the workshop was useful and relevant to their priorities, and all found the relationships developed in the collaborative useful to implementing UHC reforms in their states. Ninety-two percent of participants agreed that the workshop met their knowledge needs, and all of them said they intended to share what they had learned with others in their states.

- **Ongoing communication mechanisms.** On the last day of the January 2018 workshop to officially launch the PHC and SSHIS technical collaboratives, state participants worked together to create a communications plan for how they would like to work together to support ongoing learning and feedback in between NJLN workshops. They created these mechanisms:

  - WhatsApp Groups for both collaboratives. Forty-four state- and federal-level participants are using the platform to share resources and updates.
  - Email groups have also been established to share more-formal communication.
  - A Google drive with all workshop materials and relevant health financing and UHC literature has been created for participants.
  - All participants have been registered for the Global JLN Newsletter. So far, 90 new Nigerian participants have been subscribed to the newsletter. Of the 90 subscriptions, 28 are for federal-level policymakers and 62 are for state-level policymakers.

  The WhatsApp Groups that were established for both collaboratives have remained active and

[4] Abia, Adamawa, Akwa Ibom, Bauchi, Benue, Cross River, Ekiti, Federal Capital Territory, Kaduna, Kano, Kebbi, Katsina, Nasarawa, Niger, Osun, Oyo, Rivers, and Sokoto.

continue to be an effective platform to promote peer learning and engagement across NJLN members. State participants have used the platform to: 1) provide updates on progress in operationalizing SSHIS, strengthening PHC, and achievement of notable milestones; 2) share pertinent documents, resources, and materials; and 3) notify members of in-person or virtual UHC events or learning courses that would be of interest (both in Nigeria and internationally).

- **Webinars:** NJLN members agreed to hold monthly webinars. The webinars allow states to shareupdates on their progress since the last workshop and to work together on the knowledge product.

  Seventeen participants attended the SSHIS webinar on March 7, 2018, and 13 attended the PHC webinar on March 14, 2018; state participants, JLN country core group members, technical facilitators, and network coordinators attended. State participants shared updates on their progress in implementing SSHIS and strengthening PHC, and all participants provided their feedback on the knowledge product outline.

  - Legacies/Achievements
    - Design and Implementation of State Social Health Insurance in Nigeria – An Implementer's Guide
    - A Guide for the Effective Management of Direct Facility Funding and Strengthening Human Resource for Health

- **Sustainable Financing Initiative**

  - ***Lagos.*** HFG supported the establishment of a health financing technical committee that brought together stakeholders from the SMOH, LASHMA, and the central budget MDAs. This was in response to the need for multi-sectoral collaboration as part of the governance actions required for effective health financing reform efforts in Lagos. The committee was responsible for developing the Lagos State Health Equity Fund guidelines, a prerequisite for operationalizing the state's 1 percent CRF as an equity fund. The committee has also served as a platform to engage with the MBEP in advocating for more money for health generally and HIV and AIDS and health insurance implementation in particular using evidence generated from the PER and FSA. To guarantee adequate budget allocation and release for health in the 2018 budget, HFG supported the LASHMA in preparing a program-based budget, and worked with the LSACA, SASCP, and SMOH to develop advocacy briefs comprising multidimensional cases for increased public spending on health. Preliminary provisions in the 2018 budget presentation revealed an increase from the 2017 base values. Continued engagement of the State House of Assembly through the Legislative Network on UHC ensured the successful defense of the budgetary provisions and passage of the appropriation bill into law with the provisions included. In furthering HFG's engagement with the LGA level for contribution to the state HIV and AIDS response and the LSHS equity fund, budgetary provision commitment was extracted from all 57 LGAs/ local council development authorities. HFG facilitated conversations and agreement with the LGA Civil Service Commission on the modalities for creating the budget lines and capturing the commitments in the 2018 budget.

    HFG supported the appropriation of the state 1 percent CRF, amounting to 6.8 billion naira ($18.9 million) in the Lagos State 2018 budget. This provision, which was not captured in the 2017 budget, is also known as the equity fund, and will be devoted specifically for the full subsidy contribution to the coverage of the vulnerable population on the LSHS as defined by the LSHS law. This appropriation was made because, with HFG support, the LSHS satisfied the criteria set by the central budget MDAs on the establishment of a multi-sectoral platform for shared accountability, and the development of the Lagos State health fund management guideline for

transparency and answerability. In addition to the equity fund, 95 million naira ($263,000) was allocated to LASHMA specifically for HIV and AIDS service provision. Furthermore, allocations to the core HIV agencies, LSACA and LSASCP, grew by 5 percent from 2017, rising from 630 million naira ($1.75 million) to 661 million naira ($1.84 million). Adding the allocation to LASHMA brings this increase up to 20 percent.

The project's budget advocacy support to LSACA via memo reviews and justification notes brought the agency's budgetary releases for 2017 to 406 million naira (85 percent budget performance) for LSACA and 39.9 million naira (27 percent budget performance from 0 percent in 2017) for SASCP. The SASA report 2014/2015 has been instrumental as an advocacy tool for supporting increased domestic funding for HIV and AIDS. Additionally, HFG continued to support LASHMA in building strategic relationships with the central budget MDAs, the LSACA, and the Head of the Civil Service Commission based on ongoing PEAs, which helps to identify institutions of influence and interest; this has implications for achieving the LSHS objectives.

HFG also supported the state in conducting an AIDS Spending Assessment for 2016/2017 and the report has been validated by stakeholders. Evidence from the exercise is currently being used to engage the HIV and AIDS agencies to take actions aimed at improving efficiency gains. Memos for funds release for HIV and AIDS and LSHS were developed and submitted for approval. So far, 178 million naira ($495,000) has been approved and released for LASHMA, while an additional 29.9 million naira ($85,000) was approved for LSACA but is yet to be released.

To improve the readiness of the LASHMA to implement the LSHS, the project supported advocacy efforts to ensure the agency's account was opened and to achieve a funds release of 178 million naira for the agency take-off. This was done through memo writing and lobbying to targeted individuals identified from ongoing PEA. To ensure a successful take-off of the scheme, technical insurance and organizational development experts were engaged to support the LASHMA leadership.

Following a request from the LASHMA after a review of the LSHS benefits package and the need to update the HIV and AIDS costing using DTG, the new ARV, HFG supported the state in conducting a comprehensive actuarial analysis to determine the actuarial cost of the proposed scenario for the benefits package relative to the approved premium ceiling and data requirements that were delivered. HFG continued to facilitate the implementation of the integration plan to deliver HIV and AIDS services on the LSHS. Stakeholder meetings were held to finalize the integration plan and identify the responsible organizations for each of the proposed activities; and to appraise the implementation status of the plan. Other partners supported an HIV and AIDS service availability mapping, referral system for comprehensive HIV and AIDS services design, and the ongoing quantification of HIV and AIDS service inputs need across non-supported donor facilities.

As the launch of the LSHS is a prerequisite for the delivery of HIV and AIDS services through the scheme, the project continued to provide support to improve the technical and organizational readiness of the agency by embedding health insurance and organizational development experts. A management manual for complaints and claims procedures, a quality assurance system, and a marketing plan were developed as part of the needed technical processes for effective LSHS implementation. Additionally, HFG facilitated a consensus between the State Ministry of Health and the ICT solution provider to ensure that the health insurance payer-provider platform was deployed for use, as this was the rate-limiting step to the scheme's launch. Efforts to secure a visit to the state executive governor to advocate for the launch of the scheme led to a successful visit paid to the deputy state governor, where the participants discussed DRM efforts, sustainability of HFG-led health financing reforms in the state, and the

launch of the Lagos State Health Scheme. The health ministry leadership will follow up with the state government on discussions and agreements reached.

To ensure the efficient use of the equity funds earmarked for subsidy of the vulnerable population in the 2018 budget, the HFG project, working with the Lagos Bureau of Statistics, state MOH, LASHMA, and other stakeholders, piloted a means-testing tool (previously developed by Abt under the DFID-funded PATHS2 project) to identify the indigents that will qualify for full subsidy on the Lagos State health scheme. This included a training of trainers. With this successful proof of concept, the state will upon securing the necessary funds conduct a state-wide exercise to develop a social register for the scheme. To ensure the success of the exercise and an institutionalization of capacity, the multiple dimension poverty index tool, training manual, tool documentation, and data dictionary currently reside with the Lagos Bureau of Statistics.

HFG supported the onboarding training of LASHMA Senior Executives, including capacity building on health financing. This cumulated in the development of an operationalization work plan including the pre-launch and post-launch activities. The health insurance expert and operational development expert were on hand to train the staff. Final actuarial analysis reports were disseminated to the LSMOH and LASHMA.

A capacity-building workshop on DRM was held for the Health Financing Unit of the LSMOH, LASHMA, and members of the state Health Financing TWG, which cut across officers from STO and MEPB among others. Also present at the workshop were members of the TB/HIV DRM TWG. The workshop included trainings on domestic resource mobilization, revenue-raising, core diagnostics to action activities, public financial management, and training on memo-writing and requisition. The main output was the development of a DRM roadmap and work plan for the health sector, with subcomponents from the existing TB/HIV DRM TWG. A resolution was taken for the HF Unit to coordinate all DRM efforts in the health sector, and HFG provided technical support to the HF unit to implement this resolution. A communiqué of action was formalized, which was then disseminated to key Commissioners. In addition, the DRM TWG for HIV/TB held a meeting to adopt the RM road map/work plan for the State and disseminate it among partners.

Lagos State held an evidence synthesis meeting with five other HFG target states to discuss evidence from fiscal space analyses, public expenditure review, health accounts data, governance, and public financial assessments findings. The output of the workshop was the development of a sustainability work plan for the states.

As a continuation of the advocacy strategy developed for the Lagos State Health Scheme, a one-day health financing and media training workshop was conducted to improve messaging and communication on the launch/implementation of the LSHS. The output was key media outlet representation on delivering the right messages on the health scheme and media slots for advocacy for the state.

HFG supported key Lagos State officials from all the health agencies in participating in the Joint Learning Network workshops held in July. In addition, the legislators representing Lagos State – including the Chairman of the House Committee on Health, Clerk of the House, and others – were present for the 2nd Summit on the Legislators Network for UHC, held in Abuja. HFG also fostered a working relationship and meetings with these legislators and the GM of LASHMA on the launch of the scheme.

- Legacies/Achievements
  - Institutionalization of the inter-sectoral collaboration platform brought about improved working relations. The Finance Ministry and Ministry of Budget and Economic Planning now work effectively together and were instrumental in the inclusion of 1 percent CRF (6.8 billion naira) in the 2018 budget.
  - A budget heading was created for LASHMA, with a total of 700 million naira allocated for the agency in the 2018 budget.
  - The diagnostic to action reports were instrumental in the increase of over 200 percent in the budget for health in 2018.
  - Generally, the HIV/AIDS sector budget in Lagos got a 400 percent increase.
- ***Rivers.*** HFG supported Rivers stakeholders in finalizing the benefit package, which contains scenarios of coverage of HIV and AIDS services including HCT, PMTCT, and ART. Engagements for the actuarial analysis started in the state; stakeholders were engaged, and protocols developed. Additionally, the RIVCHPP bill was presented to the Executive Council for passage, and is awaiting approval before transmission to the State House of Assembly. Rivers State legislators were adequately engaged and prepared and are awaiting the arrival of the bill at the House of Assembly. HFG has conducted high-level advocacy and supported the DRM TWG in advocating to relevant key stakeholders to pass the RIVCHPP bill. This included advocacy visits to the state governor, deputy governor, secretary to the state government, attorney general, chief of staff, and other key actors in the state. Media were also engaged to raise awareness of UHC in the state and of the need to pass the bill and implement the insurance agency.

  To ensure adequate budgetary provision for HIV and AIDS, HFG supported the HIV agencies, SACA, and SASCAP in writing convincing and evidence-based memos for fund releases for important activities, including PMTCT. These memos were accompanied by advocacy within the MDAs and outside the ministries to ensure approvals, and the forwarding of the memos to the office of the governor. This process was then followed by high-level advocacy by HFG and TWG members to ensure release of the budgeted funds. Throughout this, HFG supported the development of advocacy briefs and materials using key evidence generated from the state.

  In preparation for the 2018 budget cycle, HFG supported SACA and SASCAP in developing 2018 work plans with a focus on the efficient distribution and use of resources; these include the taking up of previously supported PMTCT sites, with emphasis on the high-yield areas, including some transitioned donor sites. The HF TWG and health financing units are also being supported and their capacities built on DRM for HIV and AIDS. The state also developed a media communications strategy to involve the media in HIV and AIDS and health insurance sensitization of the public. In Q2, a time period that included budget defense "season," HFG supported the HIV agencies in defending their budgets using the available evidence.

  HFG supported Rivers stakeholders in finalizing the benefit package, which contains scenarios of coverage of HIV and AIDS services, including HCT, PMTCT, and ART. Engagements for the actuarial analysis concluded in the state; HIV and AIDS response stakeholders were engaged, and protocols shared. An operational guideline of the RIVCHPP has also been developed and stakeholders engaged. Additionally, the Executive Council presented the RIVCHPP bill to the Ministry of Justice for review and engagement with relevant stakeholders. During this period, the Ministry of Justice alongside the state legislators from the House of Assembly were engaged in a two-day high-level meeting to review relevant sections of the bill and increase their knowledge on health insurance legislation. As the Ministry of Justice formally reviewed the bill, the mutual collaboration gained by USAID-HFG made it possible for the state to reach out to HFG for more enquiries and clarifications according to global practices. Interviews granted to

media outfits had further enhanced the awareness of UHC in the state and the need to pass the bill and implement the insurance agency.

The 2018 approved budget showed an increase in health allocation from 27 billion naira in 2017 to 30 billion naira. Public health issues including HIV and AIDS were allocated 1.5 billion naira compared to nil in 2017, and there was an allocation of 9.5 billion naira to the RIVCHPP start-up, which is almost 2 percent of the total budget of Rivers State of 510 billion naira. This inclusion of almost 2 percent of CRF is partially attributable to the evidence-based advocacy driven by the project's FSA findings, which the state adopted during the drafting of the RIVCHPP bill. The analysis showed that with 1 percent of the CRF coupled with premium contribution at the per capita rate of 10,000 naira ($27.8) or 7,660 naira ($21.29), only 25 percent and 39 percent, respectively, of the vulnerable population would be covered within five years of implementing the scheme. However, with 2 percent at the same premium rate, the projected percentage coverage of the population increased to a more desirable 50 percent and 77 percent.

With HFG's support, RIVSACA and River State's SASCAP developed the 2018 budget and work plans for HIV/AIDS that focused on efficient allocation and use of resources, which included taking up financial responsibility of previously donor-supported sites that have been transitioned to the government. This action culminated in an increased budgetary allocation to RIVSACA from 150 million naira in 2017 to 400 million naira in 2018. HFG provided support to the HIV agencies (RIVSACA, SASCP) to write convincing memos requesting for budget releases using the available evidence. The process has started, with HFG assisting the agencies to get the relevant pages of the budget in order to apply for a Budget Clearance Certificate from the Ministry of Budget and Economic Planning that will accompany the Memo Application Request to the governor.

HFG facilitated the validation of the Basic Minimum Health Benefits Package for RIVCHPP, which includes HIV and AIDS and TB services (HCT, PMTCT, ART, and TB). In addition, the final copy of the Actuarial Analysis titled "Health Insurance: Pricing Report for Minimum Benefits Package" was received, with a recommendation based on an assumed 25 percent population exposure over a four-year period of the 15,000 naira premium rate. The RIVCHPP Operational Guidelines final report was also concluded after series of stakeholder engagements to validate it. The Ministry of Justice reviewed the RIVCHPP bill (for legal re-packaging and inputs), which had been sent to it by the State EXCO. This process has been concluded and the Ministry of Justice has sent the bill back to EXCO. Following a formal EXCO assent, the bill would be transmitted to the State House of Assembly for passage into law.

To further HFG efforts to get the governor to effect releases for HIV and AIDS programming and the transmission of the RIVCHPP bill to the state house of assembly, a capacity-building workshop was held for Health Financing TWG members on basic health financing concepts, in addition to several health care financing Advocacy Plan Implementation meetings targeted at CSOs and influencers. This culminated in the identification of key influencers outside government. Advocacy visits have been made to the chairman of the RS Council of Traditional Rulers, and the amanyanabo of Opobo Kingdom, King Dandeson Douglas Jaja.

Based on these efforts, the state governor Chief (Barr.) Nyesom Ezenwo Wike granted HFG an audience on June 27, during which the HFG team, led by the chief of party, made a case for improved government financing of HIV and AIDS response in the state, and for facilitation of SHIS implementation in the state. The governor in his response expressed appreciation for USAID and partners for all the health activities being undertaken for the benefit of Rivers citizens. He said he was alarmed at the huge number of people living with HIV and AIDS in the state, which he cited as "touching, very alarming and scary." The governor accepted all the requests presented and made the following commitments to the advocacy team: immediate

appointment of board members to RIVSACA Agency and appointment of a substantive executive director in order to give the agency the authority to assess funds; allocation of a conducive office space to RIVSACA Agency; release of funds to the agency afterwards; and forwarding of the SHIS bill to the State House of Assembly after engaging labor on the subject. Within a day, following the visit, the governor made good on his promise by allocating an office space to the RIVSACA agency.

Multi-sectoral stakeholders were mobilized to follow up on the other commitments and in furtherance to the advocacy strategy to put pressure on the governor, aimed at establishing RIVCHPP and effecting budget releases to RIVSACA and SASCP MOH. HFG organized the following meetings: a one-day HCF Advocacy Plan Implementation meeting that focused on HCF CSOs and selected influencers in Rivers State; a one-day HIV DRM TWG meeting focused on HIV CSOs and influencers; and finally a two-day HF TWG meeting to sensitize members of the HCF TWG on basic concepts in health financing. In addition, the HFG team interfaced with the Chairman NLC Rivers State chapter on the way forward, based on the fact that the governor had promised to explore the buy-in of labor during the courtesy visit by the HFG team led by the COP. HFG also advocated to a PDP political chieftain and a former federal minister of transport and an honorable member of the House to intercede with the governor on transmitting the RIVCHPP bill to the House of Assembly. Based on the validation of the benefits package for RIVCHPP with the inclusion of HIV/AIDS services (HCT, PMTCT, ART) and finalization of the operational guidelines for implementation of RIVCHPP, a guide on integration of donor-funded vertical HIV/AIDS services with the RIVCHPP-funded HIV/AIDS program was prepared.

With support from HFG, RIVSACA and the SASCP MOH have prepared and sent their memos, with budget clearance attached, to the governor requesting release of appropriated funds for HIV/AIDS programming, considering dwindling donor support and close-out of their activities.

- Legacies/Achievements
  - Domestic resource mobilization for health and HIV/AIDs activities
  - Technical support for Institutionalization of SSHIS
  - Improved technical capacity of state government staff in the areas of health care financing and DRM

DRM for HIV and AIDS

- ***Akwa Ibom.*** The major focus of HFG in Akwa Ibom State was to mobilize domestic resources to fund HIV and AIDS prevention and treatment in the state. Several steps and strategies have been carried out to facilitate the process. A kick-off/stakeholder's engagement meeting was conducted to sensitize MDAs on their roles and responsibilities to support and sustain DRM for HIV and AIDS in Akwa Ibom State. The Domestic Resource Mobilization Technical Working Group was formally inaugurated by the commissioner of health to institutionalize DRM. To further strengthen and ensure effectiveness of the DRM TWG, three subcommittees were constituted: public sector, private/faith-based sector, and efficiency and accountability. These committees aimed at ensuring total commitment by members, as well as monitoring of funds released to motivate prospective investors in health. Stakeholders greatly appreciated the multi-sectoral approach, as it was uncommon for health issues to be discussed with inputs from sectors other than health. The MDAs appreciated their specific roles in ensuring that the objectives of the intervention were achieved; the legislature, executive, budget office, AG office, organized labor, private sector, religious groups, and individuals understood the need for increasing budgetary allocation and releases for HIV and AIDS in Akwa Ibom State. The DRM TWG was trained on basic health financing and DRM in order to enhance its capacity to carry

out its functions following a health financing roadmap, and a DRM plan was developed to guide the activities of the TWG. The staff of the AKSACA were also trained on basic health financing and on public sector advocacy for HIV financing, including how to write convincing memos and to advocate for fund releases.

The DRM TWG conducted a follow-on meeting. Outputs from the meeting included the need to engage relevant actors in the PFM cycle, including the secretary to the state government (SSG) and governor's wife, to transmit/follow up on fund requests from SACA to the governor, in order to obtain these actors' buy-in to the process of securing fund releases and advocating for fund releases for HIV/AIDs activities. Other policymakers were also engaged with compelling advocacy briefs, including the commissioner for health, the leadership of the State House of Assembly, and directors at the SMOH and Local Government Service Commission. An outcome of the sensitization visit was that AKSACA was the only MDA that could defend its 2018 budget without paying a fee and going through long protocols. The secretary to the government committed to facilitating the budget release process for AKSACA, which is expected to translate into releases for AKSACA.

HFG supported AKSACA in conducting a situational analysis of HIV control and financing involving multisectoral stakeholders. Similarly, core health financing diagnostics – including public expenditure review, FSA, and governance and political economy assessment, public financial management, and efficiency assessments – were conducted to generate evidence that will ensure more money for HIV and improved efficiency of HIV spending. The findings were analyzed, presented to the state during an evidence synthesis workshop, and validated, and a final report produced.

A team of professionals from MDAs, the executive and the legislature participated in the Legislative Network on Universal Health Coverage and Joint Learning Network in July 2018. A workshop was conducted to build the capacity of staff of MDAs on health care financing and using the evidence from the diagnostic assessments to advocate for more money for health and more health for the money. The training workshop influenced and strengthened the DRM TWG members in developing evidence-based, coherent memos asking for103, 140,000 naira, which were submitted to the commissioner of health and the Akwa Ibom State SSG. A cover letter was developed by the SSG and forwarded to His Excellency Udom Emmanuel for approval and subsequent release. Advocacy briefs based on findings from the assessments were also submitted alongside the memos to justify the need for increased domestic funding and releases for HIV/AIDS. It is quite evident that, moving forward, the health sector budget allocations and releases will no longer generate debates or disagreements since both the legislators and the executive speak the same language of the Abuja declaration, which calls for increasing health budget to 15 percent of total budget allocation to health at state and federal levels.

- Legacies/Achievements
  - Sustainable DRM TWG that will continue to advocate for increased budget allocations and releases of funds for HIV/AIDS and the health sector generally
  - High level awareness of policymakers on the need for DRM as an alternative to donor funding for the management of HIV/AIDS intervention in the state
- ***Benue.*** An introductory meeting with the Commissioner of Health and the relevant stakeholders in Benue State was conducted at the inception of the HFG DRM for HIV project. Other key actors including SHOA, SACA, the State Planning Commission, the MOF, and the budget office were sensitized on the need for improved domestic financing and state commitment to the HIV response, in order to obtain buy-in and enhance ownership and sustainability. Following this, a DRM TWG was formed and inaugurated and an inaugural/kick-off

meeting was chaired by the honorable commissioner of health and human services. During the first DRM TWG meeting, three main subcommittees were formed: Private Sector Engagement, Public Sector Advocacy, and Planning, Research, and Accountability. TORs were developed for the different subcommittees. Additionally, a resource mobilization plan was developed to guide the activities of the TWG in mobilizing domestic resources for HIV and AIDS, and the various subcommittees are facilitating the implementation of this plan. With support from HFG team, the budgetary allocation for SASCP was increased from 100 million naira to 150 million naira in 2018, and, for SACA, it increased from 154 million naira to 284 million naira in 2018. This translates to a 62 percent increase in budgetary allocation, surpassing the 25 percent increase in allocation originally targeted. All efforts to ensure releases of these budgeted funds are channelled through the multi-sectoral TWG and other identified key influencers.

In addition to the above, the wife of the governor, who is chair of the BenSACA Board, also pledged to re-energize the board to play its role. She committed to hosting regular meetings with the board, and to providing the necessary oversight to the SACA for efficiency of spending and facilitating corporate sector contributions to HIV/AIDS financing.

Targeted advocacy to the state governor and other public sector stakeholders, such as the wife of the governor, house of assembly, ministry of economic planning, and the Budget Office, resulted in outstanding successes. For instance, the LGA support to HIV and AIDS – comprising 200,000 naira contributed by each of the 23 LGAs monthly, totaling 4.6 million naira, and discontinued two years before – was reinstated in March, and has been paid regularly since to BENSACA. The funds are channeled to execution of its work plan under the supervision of the DRM TWG. Counterpart funding of 45 million naira, which was withheld for a protracted period, was reinstated following advocacy visits and communication with the commissioner of finance and BENSACA via memos. It was agreed that the sum of 10 million percent is to be paid in installments till the total amount is paid. This funding of HIV and AIDS activities by the LGAs, and government's release of counterpart funding, have continued till now. HFG supported SACA and LACA in articulating an efficient and effective plan for using the released funds. The state will use the result of the conducted efficiency assessment to improve on the efficiency of HIV and AIDS spending in the state.

Furthermore, Benue participated in the Joint Learning Network for Universal Health Coverage in Nigeria for the executives held in Ibadan and Keffi, and the capacity building of legislators on health care financing and UHC basic concepts held in Abuja. These activities were instrumental to the increase in budgetary allocation and strengthened oversight for health and HIV and AIDS in the state. Using the newly developed assessment tool, the Benue State HOA has been able to conduct more-effective legislative oversight to BENSACA and to health institutions across the state.

Benue conducted a fiscal space analysis on health financing diagnostics, public expenditure review, and situational analysis on financing in order to inform current efforts supported by HFG consultants. A PFM and efficiency analysis was also conducted in order to generate evidence for improved budget advocacy for release of budgeted funds and ensure efficiency of spending of released funds. HFG also supported BENSACA in capacity building/retraining of LACA officials towards implementing its operational plan. Key activities were identified for implementation by the LACAs for improved impact in HIV control at the community level, and these activities were implemented in the LGAs.

A health financing training was conducted on health financing concepts for DRM TWG members to strengthen the ability of the group to meet its objectives. During the training, a roadmap for health financing reforms and a DRM plan were developed to guide the activities of the TWG. The DRM was also trained on how to use a Diagnosis to Action Theory of Change and multi-

sectoral collaboration to improve domestic funding for HIV and AIDS. Additionally, the executive secretary of BENSACA and SASCP Coordinators and staff were mentored on strategies involved in securing timely releases. Following assent to the 2018 budget, the leadership of SASCP and SACA were trained on how to write convincing memos for fund releases.

Benue was included in the pilot program to strengthen legislative oversight to the health sectors using oversight tools provided by the HFG team. Oversight tools were developed and deployed across 11 LGAs in the state. This led to the gaps identified during the exercise being addressed by the state legislature, while the oversight tools have been adopted for future use by the House of Assembly. The state also participated in the second summit of legislators on UHC which further raised the stakeholders' awareness of health concerns.

The HFG team organized capacity-building workshops for state stakeholders in core health financing diagnostics to ensure that resource mobilization efforts remain evidence-driven. Thus, results of the core diagnostics performed were presented. The public expenditure review showed high spending towards the Works and Education sectors. Evidence generated is being used to engage legislators for increased releases towards health and HIV/AIDS. Additionally, the workshops served to steer stakeholders towards ensuring sustained health financing via the creation of a state health insurance scheme. The state legislature has begun to fast-track the process of the passage of the SHIS bill using the report from the Fiscal Space Analysis conducted in the state.

The HFG team conducted a Governance and Political Economy assessment with the involvement of the management of BENSACA and other leaders in the health sector to effectively engage stakeholders and to further increase the success rate of resource mobilization efforts. Following the fiscal space analysis and PFM assessment, the HFG team identified sources of inefficiencies in the health spending of the state as well as opportunities to increase HIV/AIDS-related spending. Thus, the DRM TWG is engaging the directors of finance and accounts as well as directors of administration and supplies to mainstream HIV/AIDS components in the budgets of MDAs in the state. HFG was instrumental to the release of the second tranche (10 million naira) of counterpart funding (45 million naira) and the continued release of the monthly support to HIV/AIDS from LGAs, amounting to 4.6 million naira, through provision of mentorship and support for advocacy efforts of the DRM TWG. The funds realized are being channeled towards strengthening the HIV/AIDS response through LACA at the grassroots level. Priority has been placed on buying laptops to improve the reporting system and M&E, and on the purchase of HIV test kits and consumables to augment prevention and testing interventions. The DRM TWG and legislators are putting in more effort and working hard to make sure that more than 25 percent of SACA and SASCP budget allocation in 2018 is released to support HIV/AIDS activities in the state.

- Legacies/Achievements
  - Fully functional RM TWG on HIV/AIDS. The RMTWG has achieved outstanding success in mobilizing support from political stakeholders.
  - An in-depth situational analysis and health financing diagnostics were conducted. Findings from these were used to provide evidence for release of previously withheld counterpart funding of 45 million naira as well as 200,000 million naira in monthly LGA support to HIV/AIDS control.
  - 62 percent increased budgetary allocation has been secured, which will in turn lead to higher releases.

- Revitalization of the BENSACA Board for strengthened leadership and direction for HIV/AIDS control in the state was initiated and executed in July 2018.

- ***Cross River.*** HFG updated the situational analysis for HIV and AIDS and TB in Cross River State. The preliminary findings from the analysis have shaped the discussions and strategies employed by the DRM TWG members during their meetings. The DRM TWG has been able to facilitate release of monthly imprest to SACA, which had been placed on hold since 2014. Currently, SACA has been getting their monthly imprest of 500,000 naira released to them. The DRM TWG is currently using the evidence generated from the analysis to develop memos to facilitate fund releases to SACA.

  The DRM TWG also met to identify opportunities to raise resources for HIV/AIDS and TB. The meeting was also used to strategize on sustainability of the DRM TWG. The chair, who is also the person in charge of budget drafting, offered his office as the permanent venue for every DRM TWG meeting, and promised to ensure the DRM TWG is captured in the State Ministry of Health Budget for 2019.

  During this period, HFG led more strategic advocacies to the wife of the governor of the state to fast-track the release of funds to the Health Insurance Agency, SACA and the TB program. After the meeting, she engaged the governor to release the take-off grant to the health insurance agency (see previous narrative on the inclusion of HIV/AIDS services in the state's health insurance scheme's benefit package).

- ***Nasarawa.*** On budget advocacy, HFG leveraged the multi-sectoral nature of the HF TWG inaugurated on March 22, 2018 while using evidence from the health financing core diagnostics to engage with the state budget office to ensure adequate budget allocation for health in the subsequent 2018 supplementary appropriation. During the first DRM TWG meeting, three subcommittees were formed to help with advocacy: Private Sector Engagement, Public Sector Advocacy, and Monitoring and Documentation. TORs were developed for the different subcommittees. So far, political mapping to identify stakeholders that can promote a budget increase for HIV and AIDS in the state has been conducted, and all the key stakeholders have been fully engaged and are doing continuous follow-up with legislatures. Because of HFG's advocacy efforts and requests, the SMOH has established a state health finance unit. A secretariat for the HF TWG has been domiciled in the SMOH, and one for the DRM TWG in the NASACA. There was ongoing engagement with the legislative network on UHC to guarantee an increase in the supplementary budget, and efforts to improve releases of funds allocated in the state appropriation bill have already passed into law; we are confident that these will continue.

  HFG supported members of the Nasarawa State House of Assembly in attending a capacity-development workshop led by the Legislative Network for UHC, so that they can engage the state's executive governor on the issue of improving budgetary releases to the health sector, and facilitate the early forwarding of the executive bill on SHIS.

  HFG also supported capacity development of the multi-sectoral DRM and HF TWG in basic health care financing. The multi-sectoral TWG for DRM held meetings and conducted advocacy visits to the deputy governor to make the case for increased funding for health and HIV and AIDS in the state. A case was also made for of NASACA Board. Following the advocacy, plans are on to appoint NASACA board members. Memos are being developed and to be followed up with intensive advocacy for increase and early releases.

  HFG also conducted PFM assessments using HFG-developed, internationally accepted tools such as "Assessment of Public Financial Management Performance (PFMP-SA)" and "Data for Efficiency: A Tool for Assessing Health Systems Resource Use Efficiency," to complement

budget advocacy efforts by recommending interventions that will address PFM bottlenecks and improve efficiency of HIV spending in the states based on assessment findings. Mapping PFM processes and identifying bottlenecks to adequate allocation and release of funds for the HIV and AIDS financing response in particular, and for health financing in general, is ongoing, with active participation of the central budget MDAs and HIV/health MDAs in Nasarawa State.

HFG's continued support to the DRM TWG for advocacy has led to the approval of 8.4 million naira for NASACA by the executive governor of Nasarawa State, of which 2.25 million naira has already been released. HFG Advocacy to the SOML implementing committee with NASACA and SASCP resulted in the approval and release of $200,000 for the purchase of HIV Rapid Test Kits. SOML also approved use of 20 million naira for the purchase of PMTCT consumables for facilities, of which 5 million naira has already been released in the State PHC Agency. HFG advocacy and conduct of HIV orientation for the state legislators has led to the first and second reading of the SHIS Bill sent to the NSHA. Efforts are on also for the state health trust fund bill advocated by legislators and the DRM TWG Subcommittee on private sector engagement for increase funding for HIV/AIDS. A Health Financing Unit in the state MOH has since been established, and staff posted to the unit with the support of HFG. All assessments conducted in the state have been completed. An evidence synthesis workshop was conducted for the Nasarawa state stakeholders to validate the findings. Final reports have been produced.

- Legacies/Achievements
  - Improved domestic resource mobilization for HIV/AIDS.
  - HFG has influenced release of 5 million naira for HIV/AIDS services during Maternal and Child Health Week.
  - Two hundred thousand dollars from the SOML budget was approved for the purchase and supply of HIV/AIDS Rapid Test Kits.
- ***Federal Capital Territory.*** An initial stakeholder engagement meeting was conducted with the honorable secretary of the FCT Health and Human Services Secretariat, along with relevant stakeholders from the HIV and AIDS agency and department and IHVN. Stakeholders accepted the DRM for HIV intervention in the FCT.

  The FCT is being supported by another partner, USAID's HP+ Project, in setting up a multi-sectoral HF TWG. To avoid a duplication of effort, HFG supported the FCT in inaugurating a Domestic Resource Mobilization for the HIV and AIDS TWG as a subcommittee of the broader HF TWG. Outcomes of subcommittee meetings feed into the larger TWG. A TOR for the TWG was developed. Subsequently, HFG supported the inaugural meeting of the TWG, where subcommittees were formed: public sector advocacy, private sector engagement and planning, and research and budget tracking. In addition, the TORs of the subcommittee were also drafted. The project worked closely with the Directorate of Treasury of the FCT to provide support for the conduct of the Public Expenditure Review as well as data collection for Public Financial Management Assessment.

  The DRM for HIV and AIDS TWG members were trained on Health Financing and Domestic Resource Mobilization. At the end of the training, resource mobilization plans were developed for each of the subcommittees, and members were assigned to each subcommittee. In addition, situational analyses for HIV financing in FCT and PFM assessments have been completed and validated, and reports finalized.

- **DRM for TB.** This intervention was launched at a national level with a sustainable financing for TB workshop held in Lagos in December 2017, involving key stakeholders from the federal level and from six states: Lagos, Cross River, Kano, Rivers, Sokoto, and Bauchi. These stakeholders included representatives of the National Tuberculosis and Leprosy Control Program (NTBLCP), NHIS, and SMOH; TB state and LGA coordinators; SSHIS heads; and private sector and development partners. A general consensus was reached on the need to integrate TB into the health insurance schemes and DRM for TB. Roadmaps were developed for the states and national level, outlining action plans for TB budget advocacy, TB into Benefit Package (BP) advocacy, and improved TB coordination and efficiency. Thereafter, activities began at the state and federal level to implement the DRM for TB work plan. Key achievements are outlined below.

  - ***Lagos.*** Key stakeholders from the TB control office, SMOH, and Lagos SSHIS were engaged, and their buy-in obtained for the DRM for TB program. Stakeholders, including the SMOH and HIV and TB agencies, were further engaged for an expansion of the HIV DRM TWG to include TB, and acceptance and agreement were received from all stakeholders. This multi-sectoral group was subsequently known as the DRM TWG for HIV/TB DRM. An expansion meeting was held in March, during which the TOR were expanded to include DRM for TB activities. A training on DRM was conducted for the state TB personnel at the LSMOH, including the Health Financing Units of the LSMOH, SASCP, LSACA, and LASHMA, and other members of the DRM TWG for health financing and HIV/TB. Major outputs of these processes include a resource mobilization plan for the state with integral aspects of TB included, as well as a TB DRM advocacy strategy to guide the activities of the inaugurated TWG.

    HFG provided assistance to the state to conduct a TB financing situational analysis as well as a stakeholder mapping for TB, and findings informed strategies and implementation for improved TB response. The findings were validated at a workshop that was held to present synthesised evidence and orient participants to translate evidence into action. The workshop was held at national level and included other states. An integration workplan was also developed that incorporated national input and input from all the states involved.

    These processes and evidence from findings led to advocacies for an improved budget allocation to TB in the 2018 budget, which was successful and resulted in a 65 percent increase, with 419 million naira allocated to TB. In addition, the Lagos SHIS budgeted 90 million naira for 2018 for TB service provision through the scheme.

    Using evidence already generated, the Lagos State TB program was assisted in the preparation of a financial memo asking for 254 million naira for planned TB activities, and this is currently awaiting approval for funds to be released by the state government.

    The actuarial analysis for estimating the cost of TB services under the SHIS was conducted to determine the additional premium cost of including services in the benefit package. It showed the additional cost of TB services as 97.83 naira with coverage of 50 percent of the population (50 percent exposure), 244.51 naira (20 percent exposure), and 488.79 naira (10 percent exposure), respectively. This includes TB diagnosis (a weighted average of GeneXpert and sputum test based on encounter data) D (susceptible) TB and D (resistant) TB. This is being used to demonstrate to stakeholders the financial feasibility of incorporating TB into the Health Insurance Benefit Package.

    To clearly define how TB services will be provided under the scheme, HFG supported Lagos State in developing an integration plan for TB service provision through the SHIS. Stakeholders including TB partners, the state TB office, and service providers worked together to produce the plan.

- ***Kano.*** On January 29, 2018, a kick-off meeting was held to formally introduce HFG and DRM for TB. The meeting involved stakeholders from different sectors such as the ministries of health, budgeting, justice, and economic planning; the state house of assembly; the Kano State Contributory Health Management Agency; the National Health Insurance Scheme; CSOs; the Emirate Council; the Council of Ulamas; labor representatives; medical director guilds; and the WHO. At this inception meeting, the stakeholders welcomed the intervention and promised to work together to achieve improved DRM for TB.

  Following the meeting, the Kano stakeholders began a situational analysis of TB control progress and financing to enhance informed advocacy and decision-making, which assessed TB control epidemiological data and progress, the financing situation, and gaps, as well as the readiness of the Kano SSHIS to begin activities. Following the situational analysis, an evidence synthesis was conducted to bring together the information generated, identify opportunities for increased spending on TB, and identify and leverage key stakeholders/institutions to translate the opportunities into more money for TB and improved efficiency of TB spending. A communiqué of action was developed at the end of the workshop detailing how to mobilize additional resources for TB. Evidence from the situational analysis showed a huge gap in TB financing in the state and the need to mobilize additional resources in order to reduce TB burden in the state and increase case detection, especially at the community levels. At the meeting, representatives of the ministries of budget, and members of the State House of Assembly, expressed alarm at the TB situation in the state and pledged to support the SMOH in ensuring the release of the 20 million budgeted for TB in 2018 (a 100 percent increase from the 10 million budgeted in 2017), and pledged to get more money for TB control through a budget appraisal or supplementation in response to the great need identified after the exhaustion of budgeted funds.

  Recognizing the need for multi-sectoral collaboration, the House Committee on Health (HCH) approved the formation of the DRM TWG with stakeholders from sectors involved in health financing decision-making, including the Ministries of Budget, Finance, Information, and Justice, the State House of Assembly, labor unions, GMD, CSOs, academia, community/religious leaders, and others. The TWG was inaugurated, and HFG facilitated training on basic health financing and DRM in order to ensure that the group has the capacity to carry out their dedicated functions of mobilizing adequate domestic resources for TB and improving efficiency of TB spending. A roadmap of action was developed to guide planned health financing reforms in the state, including improving domestic spending on TB, and inclusion of TB into the benefit package as a sustainable mechanism for ensuring adequate financing of TB efforts.

  Efforts on getting TB into the benefit package progressed significantly. An actuarial analysis was started to determine the cost of including TB in the benefit package of the scheme. The Kano SHIS was also supported with technical expertise to develop key operational documents and expertise for the implementation of the scheme and for TB services to be provided through the scheme. The executive governor officially launched the Kano State Contributory Health Management Agency in June. Thirty percent of the formal population is currently enrolled in the scheme and payroll deductions from public servants (staff) began in May. The capacity of the agency staff is also being built to be able to successfully implement the scheme.

  Using generated evidence, HFG supported the State TB program in developing convincing memos for release of budgeted funds for TB. Key activities targeted at improving the TB response in the state were identified, and evidence-based, convincing memos were written and facilitated, accompanied by necessary advocacy to key stakeholders in order to ensure releases.

  Within the period, HFG also supported an orientation workshop on TB financing for both legislators and executives. Participants included chairmen of House Committees on Health, Appropriation, LGA, and Women's Affairs; representatives from SACA; and the TB control

manager from Kano. They participated actively and learned more about the TB burden and gaps in the funding flow in the state. They also committed to improving funding for TB programming and supporting the release of the current fund.

In addition, HFG facilitated the development of an Integration Plan for the TB vertical program during the DRM for TB meeting in Kano State. Other implementing partners participated and contributed to the development of the plan, in preparation for National Integration Plan and evidence synthesis workshop that was held in Abuja on July 23 and 24h. The event provided the opportunity for stakeholders from Kano to interact with other states and with the national program to develop a roadmap for TB program integration.

HFG continued to support the Kano State Contributory Management Agency to strengthen its administrative and technical capacity. Technical assistance was provided to enhance skills in the development of standard quality assurance documents and an M&E framework. About 60 staff of the agency benefited from the activities.

HFG also facilitated a critical engagement with the media and CSOs in Kano State on health financing and the TB response. This workshop was aimed at improving communication to facilitate funding and regular releases for TB services. Such targeted groups are very effective instruments for advocacy and giving voice to the voiceless. Immediate outputs of the process included publications in newspapers about the scheme, airing on radio and TV, as well as development of plans to embark on advocacy for more funds to be allocated and released for the TB response.

- ***Cross River.*** The DRM for TB roadmap developed at the workshop in December was reviewed by the relevant stakeholders and agreement reached on its implementation. Engagement meetings were held with the the TB unit, the HCH, the CRSHIS, and other key stakeholders to obtain their buy-in for TB inclusion in the benefit package and the DRM for TB work. This was followed by a kick-off meeting for the DRM for TB work that was conducted with high-level stakeholders from all important sectors. TB control challenges, financing gaps and the roadmap were discussed; stakeholders were sensitized; and awareness was created on current TB control issues. The HCH expanded the DRM TWG for HIV and AIDS to become the DRM TWG for HIV/TB, involving multi-sectoral stakeholders from all key sectors including health, budget, finance, parliamentarians, the private sector, academia, CSOs, and community groups. The special adviser to the governor on budgets is the chairman of the TWG, the HCH chairman is its co-chairman, the head of SACA and manager of the State TB Program are vice chairmen, and the Health Financing unit is the secretariat. The TOR for the TWG were developed and agreed on with input by all stakeholders.

  To get the true situation of TB in the state for appropriate interventions, a situational analysis of TB programs in the state was conducted, and included key Informant interviews with key stakeholders, and data analysis. Findings were validated and the report has been finalized. Findings have continued to guide policy decisions and implementation in the state and contributed to creating a budget line for TB in the 2018 budget, at 300 million naira.

  HFG facilitated training on health financing and DRM for TWG members to enhance their capacity in conducting their assigned duties, especially as these concern TB. These plans currently guide DRM activities in the state as part of HFG's effort at ensuring a sustainable means of financing for TB activities. To foster fund releases for TB activities, employees of the state TB program were also trained to develop evidence-based and convincing memos. The leadership of the SMOH was engaged in the process, to facilitate the approval of the memos and forwarding of the memos to the governor for his approval for funds to be released. The DRM for TB TWG is playing an important role in advocacy for release of budgeted TB funds, by

conducting needed advocacy to key stakeholders.

TB has been included in the SHIS benefit package for CRS, following an actuarial analysis supported by HFG that showed that it is financially feasible to provide TB services through the SHIS, which was launched in May. HFG supported the state in developing an integration guideline for delivering TB services through the health insurance scheme that clearly outlines roles and responsibilities, funding sources and distribution of commodities, monitoring, and other logistics for an effective provision of TB services through the SHIS. The plan was developed with stakeholders at a workshop that was held for the purpose and has been incorporated into the national TB integration plan.

The project provided support to the TB program to develop convincing memo for fund releases, and this memo has been submitted to the Governor. The DRM TWG also conducted a high-level advocacy visit to the Accountant General of the state on the need for domestic funding of TB services in the state, considering the risk that people there are exposed to because of the prevalence of TB.

The quarterly TB coordination meetings have proved to be a platform to identify other opportunities for TB financing; to strengthen TB coordination in the state; and to strengthen TB case detection in the state.

- **Federal level.** HFG engaged with the NTBLCP and obtained its acceptance of TB in the Benefit Package intervention, following which HFG engaged with the NHIS, which welcomed the intervention. The NHIS had considered incorporating TB into the BP in the past, but was not certain of the cost implications and modalities, and therefore said it wouuld be happy to reconsider this if HFG provided the technical and financial evidence needed. To that end, HFG conducted an actuarial analysis to determine the financial impact of incorporating TB into the NHIS BP. The NTBLCP wrote letters to the three states (Lagos, Cross River, and Kano) endorsing the inclusion of the DRM into the TB program, and asking states to give maximum support and collaboration to the DRM for TB program, and this has facilitated the progress of state implementation.

  A stakeholder engagement meeting targeted at key actors that can help effect increases in domestic resources had been conducted by early April, following which a DRM TWG and steering committee was established and inaugurated by the minister for health to lead the implementation of the domestic resource mobilization roadmap for TB DRM. The TWG includes key stakeholders from key MDAs involved in financing policy and decision-making and the civil society; high-level offices from the Ministries of Budget, Finance, Health, Information, and Justice; parliamentarians, the TB network, CSOs, private sector health providers, the private corporate sector, development partners, donors, and other key TB stakeholders. The TWG will report to a steering committee comprising the Honourable Ministers of Health, Finance, Budget; the Chairman of the Senate Committee on Health; and donor and corporate sector representatives. The DRM TWG for TB was further trained on basic health financing concepts, and a work plan was developed for the activities of the groups in line with their agreed terms of reference. Two subcommittees were formed, one from the public and one from the private sector, to spearhead interventions targeted at the different sectors. Some of the key contents of the DRM work plan are advocacy for inclusion of TB in the NHIS, a minimum service package for primary health care centers, and the SOML project, as well as improving TB spending by the government and private corporate sector. The TWG remains functional and active in driving DRM efforts for TB at the national level from the public and private sector. The Honourable Minister wrote a letter to the SOML, following which approval was given for TB to be included in the SOML interventions. State TB offices are working with the SOML offices at the state level to work out the package of TB interventions to be covered, with a particular emphasis on diagnosis of childhood TB. Similarly, the National Council on Health (the highest health policymaking body in Nigeria) has given the approval for TB to be included in the

minimum service package for primary health care, and the NTBLCP is working with the (federal) DRM TWG to ensure that this happens from the national to the state level. Additionally, the DRM TWG is supporting efforts aimed at ensuring improved allocation and releases of budgeted funds for TB as well as mechanisms of mobilizing resources from the private corporate sector. In 2017, 150 million was released from the federal budget for the purchase of GeneXpert machines and drug resistant TB drugs, and efforts are being made to ensure efficiency of these released funds and to ensure similar releases following the approval of the 2018 budget. USAID's SHOPS Plus project is working with the Lagos-based private provider that took delivery of the one machine (of three) that was purchased with a view to strenghtening private sector TB services. Based on recommendations by HFG, the health financing unit set up at the NTBLCP under the office of the national coordinator with four key officers serves as the secretariat for the TB DRM, and for financing efforts to ensure sustainability and effectiveness of efforts.

In order to ensure a clear health financing roadmap for TB in the country, HFG supported the NTBLCP in developing a TB financing strategy entitled "Ending TB in the Sustainable Development Era, A Financing Framework," which articulates a financing strategy for TB interventions based on the National TB Strategic Plan and the Moscow Declaration to End TB. Similarly, HFG supported World TB Day efforts including the technical facilitation of a roundtable panel discussion of "Sustainable Financing for TB," which increased awareness of the burden, control, and financing gaps in TB. Discussants reached consensus on the need to improve PHC coverage of TB services, increase government spending on TB, improve private sector contributions to TB through coalitions, and improve accountability and efficiency of TB spending.

To provide evidence to aid interventions and decision-making, and for targeted advocacy, a situational analysis on TB control and financing was also conducted, stakeholders were engaged, data were collected and analyzed, and a draft report was produced. The situational analysis shows huge funding gaps in TB control in the country, with only 9 percent of needed funds coming from the government, 27 percent from donors, and 64 percent of needed interventions unfunded. An evidence synthesis was conducted in July and the evidence generated is being used to advocate for improved TB financing among policymakers and decision-makers. A draft coordination framework for better coordination of TB programs and activities was also being developed; this will assist in ensuring alignment of efforts, and improve efficiency of TB spending. In an effort to increase the fiscal space for TB financing, an HFG team visited the Debt Management Office in Abuja to explore using debt refunds to provide fiscal space for health at the state level. The director general of the office informed the team that the state had just received about half of its entitled debt refund. Therefore, the project reported back to the HF TWG, and prepared it to advocate for securing a reasonable share of the funds for health.

The actuarial analysis to estimate the cost of including TB in NHIS was completed, and an integration plan for the delivery of TB services through health insurance schemes was developed, with maximum input by key stakeholders from the ministries of health, finance, and budget, Health Insurance Schemes, the NHIS, private health insurance representatives, CSOs, implementing partners, and other relevant stakeholders. The integration guidelines are being revised and actual figures of the additional cost of TB introduction into the NHIS benefit have been finalized and used to engage the NHIS and other policymakers to facilitate TB inclusion into the NHIS benefit package. The TB integration guideline articulates the roles and responsibilities of different actors and funding sources; distribution; and other logistics for TB service provision under the NHIS. It was finalized and shared with stakeholders.

- ***Close-out.*** Technical project close-out has been completed. Management close-out is on track to be completed by the final week of September, and remaining staff in the Abuja office will be departing. No end-of-project event was held to mark the end of HFG implementation in Nigeria, based on

instructions from the USAID mission office. Dissemination products to synthesize HFG's work in Nigeria have been developed, including health profiles and achievements in each state; policy and technical briefs; and how-to-manuals. Several of these have been shared publicly through webinars, and the NJLN, with continued Gates Foundation funding, will use various means to share these approaches with government counterparts, such as webinars and through the NJLN collaboratives.

Q4 Challenges –

- Nasarawa State: Infrequent presence of the executive governor in Nasarawa State stalled advocacy to him directly. Absence of the NASACA board also affected the working of SACA in the state. Competing activities of stakeholders sometimes affected attendance at TWG meetings.
- Akwa Ibom State: Political situation led to freezing of AKS single treasury.
- Benue State: Political and state security challenges were rate-limiting steps, but nevertheless, commitments made by the state governor were honored.
- Lagos State: Lag in determining what ICT solutions to deploy and mechanisms to adopt affected the launch and roll-out of the scheme.
- Rivers State: Challenges with trade/labor unions affected the passage of the health insurance (RIVCHPP) bill into law.

Lessons

- Multisectoral coordination, collaborative planning and programming are necessary to accelerate achievement of goals.
- Applying evidence generated in policy decisions played a vital role in making a case for more money for health and releases of same.
- Information sharing on the contents of the project work plan with key stakeholders at every phase is important for harmonious working relationships.
- Adequate sensitization during advocacy visits can be a game-changer in the most difficult situation.

Table 33 provides activity-specific updates.

TABLE 33. NIGERIA ACTIVITY DETAIL

Y6Q4 Planned Tasks	Y6Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Health Financing Support to RMNCH Priority State—Bauchi		
Implement Service Availability and Readiness Assessment Survey in Bauchi		It is recommended that the follow-up project encourage the SPHCDA to use the BHCPF in ongoing (when available).
Establish a state-level peer-learning network		BaSHEMA and SPHCDA will continue to participate in joint peer learning workshops.
Support the introduction SSHIS	The appointment of the executive secretary has taken full effect, with office space and access to allocated take-off funds. Outsourcing of other supporting staff is ongoing. Operational guideline and minimum benefit package have been finalized and validated.	

Y6Q4 Planned Tasks	Y6Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Establish and support HF TWG	HFU at the MOH is fully operational and it has a budget line to support its activities. It will continue housing the HF TWG secretariat.	
Fiscal space analysis	As part of HFG sustainability plans for capacity transfer to the Health Financing Unit, moving forward the HFU will be able to carry out these analysis updates	
Support for the Legislative Network on UHC		Follow-up projects should support the existing LNU and work with legislators concerning their oversight, accountability, and legislative functions. If this is well sustained, it will ensure an increase in capital releases across all health MDAs.
Household Health Expenditure Survey		Willingness to pay outcome should be used as the baseline for BaSHEMA for the purpose of comparing the effectiveness of the scheme.
Support states in the development of a health care financing framework and SSHIS equity fund guidelines		Next USAID project should support printing of HBP and OG
Actuarial analysis for SSHIS	Actuarial analysis has been completed, validated and finalized.	Orientation of stakeholders including labor and trade unions on the benefit package and discussions on deductions towards enrollment would be beneficial
Activity: Health Financing Support to RMNCH Priority State-Sokoto		
Implement Service Availability and Readiness Assessment Survey in Sokoto	Post validation meeting held, stakeholders' feedback was captured and incorporated in the report. The state government has earmarked NGN 405,795,987.00 for revitalization of PHCs in the state.	Continue to advocate to state governor and commissioner of health for the releases of ear-marked funds to revitalize PHCs.
Establishing and supporting health financing technical working groups	Meeting held and used to showcase the impact of diagnostics conducted such as increasing health sector budget from 7.8 million to NGN 25.6 billion (11.6% allocation).	The TWG needs to continue to meet monthly to discuss, and take actions toward, improved health financing activities in the state.
Fiscal space analysis	A memo/letter to start the formal deduction, as well as accessing 2% CRF for vulnerable groups, was submitted to the executive governor for approval to permit the ministry of finance to start the deductions.	Advocate to key stakeholders to access all other sources of funds to cater to vulnerable groups.

Y6Q4 Planned Tasks	Y6Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
State-level peer learning network	The state attended the NJLN collaborative that was held in July 2018, where they shared experiences on how they engaged traditional leaders to start enrolment into the SSHIS.	Continue to fully participate in the NJLN and opportunities to share and learn from other states.
Support the introduction of SSHIS	As the agency's bill was assented into law, the enrolment exercise started for both the formal and informal sectors, while efforts are being made to launch the scheme for wider coverage.	Continue to enroll all the other formal and informal groups into the scheme and ensure the scheme is launched before end of September 2018.
Support for the Legislative Network on UHC	The relevant state participants attended the second edition of the summit to agree the role of lawmakers in the implementation of the 1% CRF.	Legislators in many states need to be trained on legislative tools, conduct oversight frequently, and hold a feedback meeting with executives to discuss the findings. Pilot tools and experience remain with the Nigerian Institution for Legislative Studies.
Household Health Expenditure Survey	Household training conducted. Enumerators, supervisors, and monitors were selected. Data collection was completed and data transmitted to the server. Data cleaning, analysis, and technical reporting was done, and findings validated. Report has been finalized.	Stakeholders and implementation partners should use findings for subsequent activities in the state.
Support states in the development of a health care financing framework and SSHIS equity fund guidelines	The final draft report of a health financing policy framework was completed and validated	The framework should be disseminated to serve as a guiding document for other health financing activities in the state.
Actuarial analysis for SSHIS	A final report of the study is ready for printing and dissemination.	Print and disseminate the report to serve as evidence-based for negotiating premium.
Activity: Health Financing Support to RMNCH Priority State—Cross River		
State level peer learning network	Cross River state participated and shared useful experiences during the NJLN held in July 2018	The state should continue to participate in the NJLN and use its resources
Support for the Legislative Network on UHC	The Cross River State legislators also participated in the LNU held in July. The Speaker of the Cross River State House of Assembly represented the conference of speakers during the second edition of the summit.	Implement the communiqué of action from the Summit at state level.
Support states in the development of a health care financing framework and SSHIS equity fund guidelines	The consultant leading on the health financing situational analysis had turned in a draft copy of the report. The CIT is currently reviewing the draft to provide feedback.	Work with WHO and other partners to finalize the report and develop the framework.

Y6Q4 Planned Tasks	Y6Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Actuarial analysis for SSHIS	Recommendations from the actuarial analysis have been used for advocacy to stakeholders; and the labor union is fully in support of the recommendations.	
Fiscal Space Analysis for Health	The fiscal space analysis for Cross River State has been completed and the report shared with stakeholders. A roadmap of action has been developed by stakeholders to make the case for more money for health,	Continue to implement roadmap and work towards roll-out of the scheme.
Activity: Health Financing Support to RMNCH Priority State—Osun		
Capacity building of key stakeholders on basic health financing concepts and implementation of the BHCPF	Done and completed	
Rapid assessment of designated ward-BHCPF facilities	Final analysis report is not ready but interim report has been discussed with the stakeholders at the Evidence Synthesis workshop held in Lagos.	Continue to work with the Federal MOH to finalize the report, disseminate findings and implement recommendations.
Develop and implement advocacy strategy for PHCUOR	Benefit package has been developed and finalized.	
Support finalization of operational guidelines for the Basic Health Care Provision Fund	Done	
Supporting the introduction of state health insurance scheme and agency	The agency has been fully established and constituted, and House of Assembly passed the bill. We await the governor's assent; he is out of the country.	
State-level peer learning network	Played key role in the second annual summit on Universal Health Coverage, held in Abuja.	
Activity: Fiscal Space Analysis for Health—Plateau, Nasarawa, Benue, Ebonyi, Zamfara, Akwa Ibom and Oyo		
Fiscal space analysis	Data collection, review, and analysis of FSA were conducted. Report ready and presented to stakeholders for evidence synthesis, validation and finalization.	Recommendations contained in the reports should be implemented.
Activity: Public Expenditure Reviews—Plateau, Nasarawa, Benue, Ebonyi, Zamfara, Akwa Ibom and Oyo		
Public Expenditure Review	Findings have been validated by the state and report finalized.	Recommendations contained in the reports should be implemented.

Y6Q4 Planned Tasks	Y6Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Health Care Financing for RMNCH—Kebbi State		
Support states in the development of a health care financing framework and SSHIS equity fund guidelines	The governor has approved the bill, and has received a memo proposing the appointment of management staff.	Follow up on the memo and operationalization of the scheme.
governance and political economy analysis	Data collection, validation and evidence synthesis completed. Report finalized.	Recommendations contained in the reports should be implemented.
Fiscal space analysis	Data collection, validation and evidence synthesis completed. Report finalized	Recommendations contained in the reports should be implemented.
Health Public Expenditure Review	Data collection, cleaning, validation and evidence synthesis completed. Report finalized	Recommendations contained in the reports should be implemented.
Establishing/strengthening Health Financing Unit and multisectoral platforms for improved health financing	Ongoing	Continue to conduct meetings and implement action plans to gain traction in healthcare financing reform
State-level peer learning network	Kebbi State participated in the workshop held in July.	Continue to participate in Collaboratives
Activity: Sustainable Financing Initiative for HIV in Lagos State		
Budget advocacy for HIV and AIDS services	Status quo, with fund memo increased to 220 million naira. Awaiting approvals from the governor.	
	SASA report has been validated by key stakeholders, with the final report being disseminated across the state officials and key partners.	
Support to LASHMA	Completed.	
	LASHMA aspect of the work: main survey ongoing, with fund requests for the process being submitted to the governor.	
	Training on DRM carried out.	
	Training for onboarded LASHMA senior executive staff was conducted, and produced an implementation work plan.	
Budget advocacy for the Lagos State Health Scheme	Completed	

Y6Q4 Planned Tasks	Y6Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Sustainable Financing Initiative for HIV in Rivers State		
Support to the establishment and implementation of the RIVCHPP	The RIVCHPP bill is still with EXCO and a decision has not yet been made to transmit it to the House, due to the absence of the deputy governor at the last EXCO meeting. Conducted high- level advocacy visits to political influencers, CSOs, traditional rulers, labor union, members of the House and policymakers. HFG support to write request memo to the governor for the release of appropriated funds for RIVSACA in the amount of 230.5 million naira for the purpose of undertaking community HCT outreach services; procurement of test kits, consumables, IEC materials; and trainings and supportive supervision. SASCP MOH for 76.9 million naira to conduct rapid house-to-house HIV VC activities, 10 HIV treatment sites, build capacity of 240 health workers on EID.	For almost four weeks EXCO has not met, due to the state's Third Year Anniversary celebration and the commissioning of projects by the governor. Despite the completion of the third anniversary celebrations, EXCO has still not given formal approval to transmit the bill to the House for passage into law. Continuous advocacies to high-ranking stakeholders in the state to impress on the governor not only to forward the bill to the SHOA but also to release appropriated funds to HIV MDAs for HIV programming activities.
Activity: Budget advocacy for Health and HIV and AIDS services—Akwa Ibom, Benue, Cross River, Nasarawa States, and FCT		
Conduct a rapid situational analysis of the state HIV and AIDS response financing and stakeholders mapping	Completed in all states. Findings validated, and report finalized.	Continuous engagement of the DRM TWGs for improved releases for HIV/AIDS in relevant MDAs.
Establish and strengthen multi-sectoral DRM TWG using findings from the stakeholders' mapping	Ongoing.	Continue to work with stakeholders and conduct advocacy for improved allocations to, and release of funds for health generally and HIV/AIDS in particular.
Conduct health financing assessments that will generate financial evidence	Completed. Reports finalized.	Implement recommendations of the report.
Provide technical support to the DRM TWG for the development and implementation of a resource mobilization plan and budget advocacy plan	Completed and implementation ongoing. Memos for fund releases to the governors developed and forwarded for approval.	Continue to implement resource mobilization and budget advocacy plans.
Provide support for quarterly DRM TWG meetings for issue-based discussion on budget performance	The DRMTWG meetings have continued to be held. Discussions are centered towards mapping and review of strategies to ensure releases of more money for HIV/AIDS.	It is advised that the accountability mechanism of the DRMTWG be strengthened to effectively take charge of budget tracking and performance. Additionally, the Private Sector Engagement subcommittees should be more effectively involved in

Y6Q4 Planned Tasks	Y6Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
		resource mobilization from the private sector.
Capacity-building workshop and mentoring for staff of SACA, SASCP, and members of the DRM TWG on effective resource mobilization for health and budget advocacy	Capacity of the HF and DRM TWG built and facilitated the implementation of roadmaps, resource mobilization and advocacy strategies developed.	Continue implementation of roadmaps.
Support high-level targeted advocacy visits to the SMBEP, SMOF, and SHOA for increased allocation and releases of money to health and HIV and AIDS	Through the DRM TWG advocacy visits have continued. In Benue, supported advocacy to the House Committee on Appropriation, House Committee on Health and secretary to the state government which led to securing commitment for increased releases. Completed	Continue advocacy efforts as they are extremely effective in obtaining stakeholder commitment in the state.
	High level advocacy briefs were developed and shared to relevant stakeholders to influence increased budget allocations and subsequent	
Activity: Conduct PFM assessment and reforms for improved execution and efficiency of HIV Spending—Akwa Ibom, Benue, Cross River, Nasarawa States and FCT		
Stakeholder engagement on PFM and efficiency gains	PFM assessment was carried out and completed. The reports for the four states and FCT were completed.	Continuous advocacy for PFM Reform in the state is necessary to good fund releases for HIV/AIDS activities in the state
Adapt HFG tools for PFM and efficiency assessment	Completed.	
Desk review and key informant interviews, data collection	Completed	
Stakeholders meeting to disseminate report	Report complete.	
Stakeholders workshop to develop PFM reform strategy including efficiency improvement plan	Completed.	
PFM reform strategy validation meeting		
Capacity building of key MDAs and DRM on PFM and efficiency improvement		To ensure uptake of the efficiency improvement tools, retraining of the SMOH HFU and the Budget Office of the BSPC should be organized. Additionally, USAID may seek to work with the efficiency unit of the SMOF to further domesticate and institutionalize the tools.

Y6Q4 Planned Tasks	Y6Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support to advocacy for PFM reforms and fund releases for HIV and AIDS activities	Completed.	Upon release of funds to BENSACA and SASCP, the DRM TWG must keep the agencies accountable.. Follow up in this regard is important; to prevent wastage of mobilized resources.
Activity: TB Financing Situational Analysis Evidence Generation for Advocacy and Planning—Lagos, Kano, Cross River		
Conduct situational analysis of TB response financing	Situational analysis completed. Findings from the situational analysis have been shared with the relevant stakeholders before the TB synthesis and integration plan workshop in Abuja. They were also used to engage media and CSOs and key actors to advocate more for DRM for TB control in the state.	
Evidence synthesis workshop brining it all together	Evidence synthesis meetings conducted	Apply diagnosis to action framework
Development of a comprehensive advocacy plan to achieve TB into BP	TB advocacy strategies developed.	
Advocacy engagement meetings with NHIS, SHIS, and PHIS to achieve TB into BP	Lagos: TB represented in the benefit package with a robust integration work-plan developed for the immediate term leveraging on the vertical programmed.	
	In Kano State, frequent discussions with relevant stakeholders are happening in different fora – e.g., the TWG on July 18, media/CSOs August 7, meetings for TB inclusion into BP. Actuarial analysis report will be completed soon.	
Activity: Stakeholder Engagement and Capacity Building for TB Provision in Health Insurance Schemes		
Conduct national and state-level TB and health care financing stakeholders mapping	Completed in all states	Follow up on recommendations.
Conduct high-level policy dialogue workshop on TB financing between national TB program and all relevant stakeholders	Done. State level stakeholders participated at the national TB integration planning workshop on July 23rd and 24th where a road map was developed under the leadership of the national program.	
Conduct training workshop on basic health financing and insurance concepts and development of roadmap of action for TB into BP	Done	

Y6Q4 Planned Tasks	Y6Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Conduct expanded PPM workshop	Done	
Provide technical assistance to improve implementation capacity of the stakeholders to deliver TB services on the Health Insurance Schemes	Capacity building workshops were held. Mentoring and handholding continued for hands-on transfer of technical skills between HFG and state officers	
Support Quarterly Meetings of CIT/TWG	Regular meetings continued to be held	
Track progress of TB into BP implementation		
Identify requirement needs and capacity limitations for TB into BP implementation	Having been identified in the situational analysis, the report is used at different level of engagements as mentioned above	
Support the development of coordination tools, mechanisms, and plans, and conduct periodic TB coordination meetings	Coordination meetings held in all states	
Activity: TB - Technical support to achieve Benefit Package Expansion—Lagos, Kano, Cross River		
Feasibility studies on TB inclusion into the benefit package	Concluded in Cross River and Lagos. Awaiting the report of actuarial analysis in Kano.	
Benefit package expansion and validation meeting	Completed in Lagos and Cross River.	Complete process in Kano
Conduct comprehensive actuarial analysis of TB service inclusion in the benefit package	Same as above	
Disseminate Actuarial analysis reports and advocate for TB inclusion	Same as above	
Activity: TB - Support the Operationalization of State-Supported Health Insurance Schemes		
Conduct workshop to develop roadmap of action for operationalizing health insurance schemes	Done.	Continued implementation of roadmap in relevant states

Y6Q4 Planned Tasks	Y6Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Technical support for development and finalization of key design elements of the SHIS operational guideline, business process manual, establishment plan, facility accreditation, and embedment of technical support for the implementation of the Cross River State agency,	Cross River: The process is still ongoing; the capacities of the staff of the agency have been improved.	Continue implementation.
	Kano: In the case of Kano State Contributory Health Management Agency, most of these documents were already developed with the support from DFID MNCH2, e.g., the Operational Guideline and the Establishment Plan Facility Accreditation. HFG supported the development of quality improvement and M&E frameworks.	
Support the alignment of the vertical TB program with the SHIS and development of a tracking plan for TB service provision under the BP	Cross River: Completed the integration plan development for the state; it has been incorporated into the national TB integration plan.	Implement the plan
	Kano: Plan developed, and national workshop held as scheduled with three states' national program and TB supporting partners.	
Facilitate engagements with central budget MDAs to ensure adequate budgetary provision and performance for the health insurance agencies and schemes and improved allocation and releases to TB	Cross River: The memo for TB has been submitted, and the DRM TWG is following up the memo to ensure funds are released for TB services. Kano: Memo developed, and following up with relevant stakeholders for its release. Also discussing with key champions who actively participated in HFG meetings in Kano and Abuja – e.g., chairman of Appropriation Committee, House of Assembly – for more allocation to TB in 2019 budget.	Follow-up on status of memos. Continue advocacies to get the memos approved and funds released.
	Cross River: The memo for TB has been submitted, and the DRM TWG is following up the memo to ensure funds are released for TB services. Kano: Memo developed, and following up with relevant stakeholders for its release. Also discussing with key champions who actively participated in HFG meetings in Kano and Abuja – e.g., chairman of Appropriation Committee, House of Assembly – for more allocation to TB in 2019 budget.	
Conduct quarterly stakeholders meeting to track TB service provision under the health	Cross River: The state has agreed to provide TB services under the scheme once service provision starts	Important that the progress achieved is accelerated.
	Kano: Capacity building support provided	

5.1.13 South Africa

Program Objectives – The overall objective is to ensure the long-term sustainability of HIV and AIDS services as donor resources diminish, by supporting South African Government efforts to:

- Integrate HIV services into the benefits policy of the proposed National Health Insurance (NHI)
- Estimate ongoing resource requirements for doing so
- Identify options for pooling and strategic purchasing of HIV and other services through existing arrangements and the future NHI Fund
- Target HIV resources to geographies where they will have the most impact on the epidemic

Year 6 Activities –

- **NHI financing:** In Year 6, HFG, in close coordination with the National Treasury (NT) and in alignment with the NHI Implementation Structures, provided technical expertise in health insurance to sustain if not expand the country's HIV and AIDS response. Specific activities for HFG support discussed for Year 6 were: 1) Establishment of NHI Fund, 2) Purchasing Arrangement for NHI, 3) Monitoring and Audit Activities, and 4) Health Service Package.
- **Costing and revenue requirements under NHI:** HFG, in close coordination with the NT, National Department of Health (NDOH), USAID, the Global Fund, and local partners, provided technical expertise in costing, expenditure mapping, resource needs estimation, and budget planning for HIV and AIDS. The following activities were implemented in Year 6:
    - Finalized the South African Government, PEPFAR, and Global Fund's National, Provincial, and District-Level Expenditure Analysis and prepared and disseminated the findings. In addition to updated analysis, the team worked with the Partnership Framework Implementation Plan work streams to identify tools and other outputs of value to planning and resource allocation decisions at various levels of the system.
    - Building on the NDOH-USAID's Financing Capacity Building and Technical Support Project (FINCAP)-HFG partnership developed in Year 5, HFG provided additional training and mentoring to the partners on expenditure analysis, with a deeper focus on DOH TB spending and non-DOH HIV spending. This included expenditure by other government departments (e.g., Basic Education, Social Development) and by PEPFAR and the Global Fund.
    - (Tentative) Contribute technical support and advice to the development of the Department of Social Development's (DSD's) financing strategy and investment case for the children's sector (including orphans and vulnerable children). This activity was pending key decisions by DSD in consultation with USAID and the Government Capacity Building Support Project, and the HFG team was ready to engage whether/when the opportunity arose. However, as of Q4, DSD never requested HFG's technical support and this activity is considered cancelled.

Year 6 Progress Against Objectives –

- **NHI financing:** In Q1, HFG continued to support the NT in establishing a transitional structure for the implementation of NHI. HFG consultant Tihomir Strizrep and the NT team analyzed several options, including a trading entity and a government department. It was decided that the best option for the NHI transitional structure is a departmental sub-program. The NDOH department proposed was Health Financing and National Health Insurance, which already has experience contracting private doctors (general practitioners (GPs)) to work in public facilities. In addition, it was concluded that NHI Fund purchasing of priority health care services from the public and private sector is possible only through indirect conditional grants. Strizrep proposed fund flows for NHI

financing through the NDOH department through the conditional grants. The NT presented the proposals to the NDOH. However, the director general for health disagreed with this proposal and so further discussions were necessary.

Based on discussions between the NT and NDOH, Strizrep assisted NT officials in preparing the comments for, and revising, the draft NHI Fund bill that was received from the Forum of South African Directors General. Relatedly, Strizrep participated in a meeting of the NHI Restructuring Committee, which is primarily responsible for the review and development of recommendations on the revised role of the NDOH in the NHI environment. The committee will use Strizrep's previous report on Institutional Settings of the NHI Fund as a basis for the development of recommendations.

Strizrep participated in a Roundtable Discussion on the Ward-Based Primary Health Care Outreach Team training, which focused on different aspects of the training of CHWs. It was agreed that standardization of the curriculum for CHWs and outreach team leaders should be a priority equal to ongoing learning and supervision.

Along with NT representatives, Strizrep met with two organizations implementing the General Practitioner Care Cell pilot project, which leverages private GP practices to provide HIV clinical services in Tshwane District. Discussions are under way on how the pilot can inform the development of NHI.

The NT and NDOH are interested in developing a capitated payment system for PHC in South Africa. Strizrep facilitated a discussion between the NT and NDOH and Cheryl Cashin, an HFG provider payment expert, who subsequently prepared a concept note that the NT and NDOH then endorsed. An initial consultative meeting was scheduled in January 2018. This was an opportunity to include HIV and AIDS-related performance and quality indicators in the PHC payment model for South Africa. Strizrep drafted TOR for the NT to hire a consultant to support the process of designing and implementing the PHC payment system.

During Q2, HFG assisted the NT and NDOH on the potential transitional arrangements for the National Health Insurance Fund. The final proposal to NDOH was to use NDOH's existing Health Financing and National Health Insurance sub-program and to finance NHI priority activities through a revised National Health Insurance Conditional Grant. The director general for health agreed with this proposal.

HFG organized and delivered a consultative roundtable meeting on how to pay for PHC services including HIV and AIDS services. Facilitated by Cheryl Cashin and Michael Chaitkin of HFG, the two-day event focused on the many key policy design and implementation issues the government will need to work out to move forward with a performance-based capitation payment system for PHC. This is an opportunity to include HIV and AIDS-related performance and quality indicators in the PHC payment model for South Africa. The first day of the meeting was for senior government officials from NT and NDOH; on the second day, they were joined by selected representatives of the private GP community and other stakeholders. The meeting launched a government-led process to design an initial capitation model to be tested, hopefully, in the next year. HFG supported NT in drafting TOR to hire local consultants to support the policy design process, specifically for the development of the capitation contract model and capitation formula. HFG continued to backstop the process through Strizrep's regular visits and with ad hoc inputs from Cashin and Chaitkin.

HFG provided input on the NHI Funding Model by Shivani Ranchod and Insight Actuaries. The model was mainly based on private health sector data, which are based on fee-for-service payments. Strizrep noted that this model does not anticipate changes expected under NHI and implementation of the new provider payment models (capitation and DRGs).

During Q3, HFG provided input to NT's review and comments on two NHI-related bills, submitted by NDOH to the Cabinet:

- Medical Schemes Amendment Bill – status of the private medical schemes under NHI
- National Health Insurance Bill – structure of NHIF, board, possible funding

The NDOH gazetted both bills on June 21 for public comment. HFG's review found the NHI Bill much better than the earlier draft, and that two very important changes that had been proposed by NT with HFG input had been accepted. First, that the NHIF Board should be accountable to the Parliament, and that responsibilities be moved from the Minister of Health to the Cabinet. Second, that the contracting units are to be allowed to contract private providers.

Strizrep proposed two components to revise the NHI Conditional Grant structure, a Personal Services Component and Non-personal Services Component, subsequently approved as part of the 2018 budget. NDOH submitted business plans for the components, with plans to develop and pilot a new capitation-based payment model under the latter component. For the Personal Services Component, NHI priority services such as maternal and women's health (including HIV and AIDS services), cataract surgery, mental health, and school health services were included. A new NHI Conditional Grant for FY2018/2019 was approved for these services, and Yogan Pillay, proposed as NDOH Deputy Director General for NHI, is the grant manager. According to the business plan, the grant funds will pay for contracting providers to deliver these services. This conditional grant is a significant opportunity for NDOH to develop local capacity in provider contracting and strategic purchasing.

As a result of the workshop HFG organized in Q2 for NDOH and NT to achieve clarity and consensus on policy objectives and design of the PHC capitation payment system, NT engaged two consultant teams, one to develop the capitation formula and one to develop a model capitation contract between NDOH and GPs. The PHC Capitation Steering Committee oversaw both teams, and Strizrep was an advisor throughout the process. HFG provided ad hoc review of preliminary outputs from both teams. NT has asked HFG to support a local technical reviewer of the deliverables, to be produced by the two consultant teams. HFG proceeded with a purchase order for the reviewer.

HFG submitted a concept note for a second workshop on the PHC capitation payment system for the week of July 30, 2018, to advance the design of the capitation model and prepare for a demonstration (pilot) project. NDOH has a R10 million conditional grant to work on the capitation payment model, which could potentially cover the piloting of the capitation formula and contract produced by the NT consultants.

During Q4, HFG supported this second workshop, including helping NDOH and NT to prepare the agenda and facilitate discussion. During the first day, representatives from both departments and other government entities reviewed and endorsed the draft model for capitation-based performance payment for PHC services under NHI. During the second day, representatives from the general practitioner community offered feedback on the proposed model and expressed strong support for capitation and interest in participating. HFG helped the government to identify a number of next steps to move toward a pilot or demonstration project by the end of South Africa's FY 2018/19, including finalization of the payment model and standard contract, and selection by NDOH of a third-party administrator to manage the contracts and payments.

During a final trip in September for the HFG project, Strizrep assisted with development and execution of the implementation roadmap for the PHC Payment Model. Contract discussions are ongoing regarding continuation of his work under a separate USAID mechanism implemented by PATH.

Costing and revenue requirements under NHI

- ***HIV and TB expenditure analysis.*** In Y6Q1, HFG made significant progress on this activity. At the end of Y5Q4, HFG completed major portions of the analysis, and began presenting it to NDOH senior leadership. In the October visit, HFG presented the analysis to Dr. Yogan Pillay, deputy director-general for HIV, TB, and MCH in the NDOH, and to colleagues from the NDOH HIV cluster, CEGAA, HE²RO, and Rob Stanley from USAID. The discussion yielded several useful ideas for how to strengthen the analysis and relate it to other efforts, including the annual planning and budgeting processes and ongoing refinement of the Investment Case and associated resource needs estimates.

  In addition, HFG refined and updated the analyses based on additional data including the Global Fund's NDOH Annual Financial Reports, USAID's non-PEPFAR spending on TB, and minor tweaks to the DOH data. HFG has rapidly responded to requests from the NDOH and HE2RO, and the analyses were a useful input in real time into the budget allocation processes currently under way. HFG also continued to work closely with the HE²RO team to refine their automation tool and get closer to finalization. HFG continued to work on finalization of the analysis in a report, sharing the work with the NT, and undertaking additional skills-building activities with our partners.

  In Y6Q2, HFG made strides in drafting the report and explored additional analyses that could be incorporated. The team had a draft ready late in Q2 for peer review with NDOH and FINCAP colleagues, and received feedback from partners including USAID, GF, and NT early in Q3.

  In addition, HFG has responded to several ongoing data and analyses requests including from PEPFAR (for COP 2018 investment planning) and Strategic Development Consultants (for GF's sustainability assessment report).

  In Y6Q3, HFG compiled the draft of the expenditure analysis report and shared it with partners (NDOH, FINCAP, HE²RO, Global Fund, and USAID) for technical feedback. After a thorough review process the report was edited, formatted, and finalized by the end of Q4.

  HFG presented analysis findings to the South African National AIDS Council and explored potential avenues for further dissemination of findings, such as the International Aids Economic Network conference in July for which the team's abstract was accepted and the work presented by NDOH. Other in-country dissemination in South Africa was explored as suggested by the NDOH.

  In addition, HFG continued to respond to incoming data requests pertaining to the analyses, including supporting NDOH's funding application to the Global Fund.

  Lastly, HFG responded to a partial funding request from NDOH for covering accommodation costs for four participants and travel cost for one participant for an orientation workshop with provinces on the new financial and non-financial reporting templates for the HIV and TB conditional grant.

  In Y6Q4, HFG incorporated partner feedback and finalized the report along with supporting materials including slide decks, database and graphics files (to be shared with partners). HFG made a final country visit in August 2018 for dissemination and wrap up activities. These included presentations and sharing the mockup of the report with several audiences: NDOH, NT, USAID, CDC, and the Department of Social Development. The project team including NDOH and FINCAP also got an opportunity to collectively reflect, share feedback, and brainstorm about future expenditure review efforts.

- ***Training and mentoring.*** In Q1, HFG continued to move ahead on strengthening capacity of our partners, NDOH, and FINCAP, to take the lead on future rounds of this exercise. On this front, HFG engaged with partners around topics of interest that it could provide further training on. In January, HFG hosted a week-long training in Johannesburg to cover analyses of donor expenditures, and alongside this HE2RO piloted Basic Accounting System (BAS) Lightyear, or BASLY, the automated data extraction tool for DOH expenditures reported in BAS, for which preparations are under way.

  In Q2, HFG and HE2RO co-led a training with NDOH and FINCAP that covered two main topics:

  - Extraction, cross-walking, and analysis of expenditure data of other Government of South Africa spending (DSD and Department of Basic Education); and spending by donors PEPFAR and Global Fund on HIV and TB
  - Understanding and using BASLY to extract and summarize DOH spending on HIV and TB

  The first two days of the training were led by HFG and attended by the FINCAP team to delve into the financial reporting systems used by PEPFAR and the Global Fund and understand how to extract and analyze DSD and Department of Basic Education spending through practical exercises. After introductions to these, practical exercises simulating the work done by HFG were carried out. These included understanding the reported data, extracting the relevant expenditures, and cross-walking to the BAS categories.

  The next two days were led by HE^{2}RO to introduce Excel-based BASLY to the NDOH and FINCAP teams. This included understanding how BASLY works, manual cross-walking, adding donor data for consolidated analyses, doing demo exercises, and exploring additional analyses that could be automated. The last day was a half-day session that included a discussion on feedback and what was learned from the partnership, areas for further support, and looking ahead and next steps.

  Overall, the training was well received and covered all the components required for undertaking the consolidated geography and funder analyses. The introduction and use of BASLY were particularly exciting and appreciated, since BASLY significantly reduces the level of effort and time required to extract and summarize DOH's HIV and TB data from the BAS.

  By Q3, HFG had wrapped its training and mentoring support, but remained available to partners for additional support as they continued the routine expenditure analysis.

  In Q4, HFG remained available to partners for technical support. With regard to ongoing analysis using BASLY, HFG responded to HE^{2}RO and CEGAA's queries regarding manual crosswalking of poorly coded variables in the FY 2017/18 BAS data and to the extent to which they could be incorporated in the automation model.

- ***DSD/OVC support:*** HFG did not receive any requests for additional support from DSD or government capacity-building support in Q3 or Q4.

Q4 Additional Information – HFG submitted the South Africa end-of-project country report to USAID. USAID/South Africa has arranged for HFG's health insurance expert (Tihomir Strizrep) and NDOH consultant (Shaidah Asmall) to continue providing TA after HFG ends in September via USAID's Digital Square Project led by PATH.

Table 34 provides additional activity-specific updates.

TABLE 34. SOUTH AFRICA ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Sustaining HIV/AIDS financing through integration of HIV Services with NHI		
Provide technical assistance to NT on NHI implementation structures.	The NHI and Medical Scheme bills that were gazetted in June will be posted for public comment for several months. Meanwhile the NDOH and NT pursue preparatory steps for NHI.	
Activity 2: Costing and Revenue Requirements for HIV/AIDS under NHI		
Complete HIV/AIDS and TB expenditure analysis for SAG FYs 14/15 through 16/17.	1. Technical report finalized and mockup shared with NDOH, NT, USAID, CDC. 2. Final presentations with NT, USAID, CDC, DSD. 3. Finalization and sharing of slide decks and databases with project team. 4. Support to FINCAP/HE^{2}RO on BASLY outputs.	
Contribute to the DSD financing strategy for vulnerable children.	No requests received in Q4.	
Activity 3: Strategic Purchasing of HIV/AIDS Services under NHI		
Design, piloting and evaluation of payment reform pilots in priority districts.	1. Second workshop facilitated for government steering group on capitation payment for PHC under NHI, yielding endorsement of model developed by government-contracted consultants with HFG inputs. 2. Assisted with development of the implementation roadmap for the PHC Payment Model.	

5.1.14 West Africa Regional

Program Objectives - In Year 6, HFG plans to continue to support the USAID West Africa Regional Health Office (WA/RHO) in its overall objective of strengthening country commitment and capacity to achieving universal health coverage (UHC). Specifically, HFG aims to disseminate findings of its Year 5 landscape study on health financing for UHC (Activity 1) and provide targeted technical assistance (TA) to Togo (Activity 2) and Cameroon (Activity 3), as informed by USAID, to advance their health financing initiatives linked to achieving UHC and expanding access to family planning and reproductive health. In Togo, HFG's TA will continue to focus on building capacity to develop a health financing strategy. In Cameroon, HFG will continue to support the development of a UHC strategy through benefit package development and costing.

HFG plans to continue to provide TA for Activity 4, support of a loan guarantee program in which the project attempts to serve as a catalyst in facilitating business relations between the Cameroon branch of Ecobank and small and medium enterprises (SMEs) in the country's health sector. Access to finance has been an obstacle for small-scale health care providers to grow and improve services, given bank collateral requirements, SMEs' lack of knowledge about applying for and managing loans, and lack of awareness among banks of the private health care market. USAID's experience with guarantee programs has proven that for a successful loan guarantee program to play the expected role of facilitating access to credit by health sector SMEs, thereby allowing them to expand and improve the quality of essential health care services, these small health care providers may need support in developing bankable business plans and loan applications. The bank also needs a stronger awareness of the needs of the potential borrowers and how best to serve those needs with appropriately structured financial products that borrowers can realistically repay. HFG's capacity building also builds trust and confidence between borrowers and the lending institution.

Year 6 Activities – In Year 6, HFG continued disseminating its Year 5 landscape study to global and regional stakeholders. HFG worked with WA/RHO to identify dissemination opportunities and audiences. In addition, HFG worked with WA/RHO and government counterparts in Togo and Cameroon in the implementation of targeted TA. Lastly, starting late in Q2, HFG undertook a co-funded WA/RHO and USAID Africa Bureau exploratory analysis of policies for free family planning in West Africa.

- **Togo:** HFG conducted two activities. First, HFG organized and facilitated a workshop on expanding health insurance coverage to the informal sector and poor. At the workshop, HFG convened stakeholders from government, the private sector, and key technical and financial partners to share global lessons learned and to explore the viability of coverage expansion strategies in Togo. Ultimately, the workshop produced a shared understanding of major bottlenecks that have prevented Togo from making progress toward UHC. Second, HFG supported Togo by sponsoring small delegations to participate in regional learning events: two Togolese stakeholders attended the Africa Health Business Symposium in October 2017 in Dakar to increase their knowledge of opportunities in private sector health; three attended the World Bank and WHO's third francophone UHC course in November 2017 in Morocco to enhance technical knowledge around purchasing, health budgeting, and public financial management.
- **Cameroon:** HFG continued to support the MOH in refining and costing a basic benefit package. The results provided input into Cameroon's development of a national UHC strategy. As a follow-on to this work, HFG supported the development of a strategic communications for UHC plan, also an input into Cameroon's national UHC strategy.

Further, HFG continued providing technical support for implementation of the Development Credit Authority (DCA) program. Specifically, the technical assistance focused on:

- Increasing the number of health sector SMEs that are registered businesses
- Mentoring targeted health care facilities to maintain financial records and improve financial management techniques over a period of one year
- Working with Ecobank to provide loan products that are needed by the target facilities
- Increasing the appetite and ability of Ecobank loan officers and managers to enter into the sector

- **Free Family Planning Study:** Starting in March 2018, HFG launched, in collaboration with WA/RHO and USAID Africa Bureau, an exploratory analysis of free family planning policies in West Africa with the objective of improved understanding of motivations, results and experiences of countries to enact policies that make family planning services free of charge to clients.

Year 6 Progress Against Objectives –

- **Quarter 1 progress**

  - While **Activity 1** started in Q2, in Q1, HFG made progress in Activities 2 and 3. Under **Activity 2**, HFG built upon Year 5 knowledge and capacity-building efforts around UHC, health financing, and private sector engagement. In line with WA/RHO's interest in supporting private health sector collaboration, HFG sponsored a Togolese delegation to participate in the Africa Health Business Symposium in Dakar, Senegal. On November 5–6, 2017, Togo's High-Level Advisor to the Minister of Health and the President of the *Plateforme du Secteur Privé de Santé* learned about the theme "Transforming Public-Private Partnerships for Health in Africa." Related to health financing and UHC knowledge enhancement, HFG sponsored a Togolese delegation composed of three officials from the *Ministère de la Santé et de Protection Sociale* (MSPS; Ministry of Health), *L'Institut National d'Assurance Maladie* (INAM; National Health Insurance Agency), and *Ministère de l'Économie et des Finances* (MEF; Ministry of Economy and Finances) to participate in the WHO and World Bank Third Francophone Course on Health Financing and UHC in Rabat, Morocco. On November 27–December 1, 2017, the Togo delegation learned about strategic purchasing, health budgeting, and public financial management in an interactive workshop attended by 154 participants representing 21 countries. Lastly, HFG developed a questionnaire and conducted eight key informant interviews with national representatives from: MSPS; the *Ministère du Travail, de l'Emploi et de la Sécurité Sociale* (MTESS; Ministry of Labor, Employment and Social Security); INAM; the *Cadre National de Concertation de la Mutualité* (CNCMUT; National *Mutuelles* Cooperation Network); WHO; the International Labor Organization; the West Africa Health Organization (WAHO); and USAID. The interviews provided critical information on the context for extending health coverage to informal workers, which HFG is organizing a workshop around. Information gleaned on political context, legal precedent, and concurrent initiatives will allow HFG to support key stakeholders in the development and conduct of the informal worker workshop in Q2.
  - For **Activity 3**, HFG continued its targeted TA to the Ministry of Public Health (MOH) and UHC technical committee of Cameroon, building upon its Year 5 benefit package development and costing support. Through remote coordination and a series of two three-day workshops, HFG worked with the MOH and technical and medical specialists to complete the data collection necessary to cost the proposed basic benefit package, which included over 300 interventions. During the series of three-day workshops, which occurred on November 1–3 and November 6–8, 2017, in Yaoundé, HFG facilitated an in-depth review of available costing data with the 23 technical and medical specialists in attendance. It also worked with the specialists to address any data gaps. HFG then analyzed the data and presented the results, first at a pre-

validation workshop meeting convened by the Minister of Health on December 11, 2017, then at the HFG-organized validation workshop on December 12, 2017, both in Yaoundé. At the pre-validation meeting, attended by the UHC technical committee and high-level technical specialists, HFG presented an overview of the costing methodology, process, and results. Following the meeting, HFG worked with specialists from each medical specialty to finalize the materials to be presented at the validation workshop. The validation workshop was attended by 92 national stakeholders and resulted in the finalization of costing data. Following the validation workshop, HFG worked with the Minister of Health and UHC technical committee to summarize the costing process.

- Regarding **Activity 4**, there had been little progress in engaging Ecobank to commit to the DCA agreement by providing loans to health SMEs. In discussions with USAID/DC during Y5Q4, it was agreed that USAID/DC would initiate a higher-level meeting with senior Ecobank officials in Cameroon to resolve ongoing issues. While USAID/DC has indicated that they have attempted to connect with Ecobank, there has been no further follow-up. This activity is on hold awaiting USAID guidance.

Quarter 2 progress

- In Q2, HFG began discussions with WA/RHO about how to continue disseminating findings from the landscape study. HFG submitted a landscape study abstract to the Health Systems Research Symposium, and also began planning our participation in the WA/RHO Regional Partners Meeting, which took place in May 2018.
- For **Activity 2**, HFG continued engagement with key stakeholders from government, implementing and donor partners, as well as regional partner WAHO prior to the HFG informal economy workshop. This engagement informed workshop content and ensured the objectives and outputs of the workshop would complement concurrent in-country efforts such as the development of a national health financing strategy for UHC. In addition, HFG incorporated the perspectives and questions of all key stakeholders into the design of the workshop. During the two days leading up to the workshop, HFG conducted visits with key stakeholders from MSPS; the *Ministère de la Fonction Publique, du Travail, et de la Reforme Administrative* (MFPTRA; Ministry of Labor); INAM; and CNCMUT. The February 7–8, 2018, workshop was co-sponsored with the MSPS, the MFPTRA, and WA/RHO, and attended by 36 participants representing government focal points for social protection, social action, and UHC as well as representatives from civil society, the informal economy, rural communities, and health provider associations. Local counterparts from the International Labor Organization and the World Bank also attended. During the workshop, HFG facilitated learning about Togo's informal economy, discussion of Togo's efforts to date to implement its strategy of expanding UHC, and identification of the major bottlenecks in expanding UHC. In addition, HFG facilitated participants' identification of solutions and immediate next steps for addressing the bottlenecks. Immediately following the workshop, HFG developed a workshop executive summary that serves as a potential advocacy tool for advancing political interest in UHC. HFG drafted TOR outlining anticipated technical assistance needs for Togo based on the results of the workshop. HFG continues to work with WA/RHO to identify potential TA priorities that HFG may implement in Q3.
- Under **Activity 3**, HFG provided continued TA for Cameroon's UHC efforts. After facilitating a stakeholder meeting to validate results of a costing study, HFG supported the Minister of Health in summarizing the results for the President of Cameroon and answering any technical questions leading up to the presentation of costing results to the Cameroon National Assembly. In addition, HFG conducted research at the request of the UHC technical committee leadership to compile regulatory texts that different countries in West Africa had developed for UHC. HFG

also coordinated with WA/RHO and in-country stakeholders to determine continued TA needs. Accordingly, HFG would begin working in Q3 to support the MOH and UHC technical committee of Cameroon as they developed a UHC communications plan.

- In Q2, for **Activity 4**, HFG agreed with USAID that remaining funds would be used to support HFG's DCA expert in Ethiopia, Alemtsehay Berhanu, in traveling to Cameroon to support Michel Yapithe in assisting clinics that may be interested in obtaining loans from other banks or micro-finance institutions, specifically in the area of loan packaging. A concept note was prepared and sent to the mission.
- Lastly in Q2, USAID requested that HFG undertake a new research activity **(Activity 5)** to review policies for free family planning services for clients in up to seven sub-Saharan African countries, to be jointly funded by WA/RHO and USAID's Africa Bureau. The concept note was approved by WA/RHO and the Africa Bureau in early March 2018. HFG has since launched data availability, policy, and literature research to inform country selection. In early Q3, HFG will finalize the list of countries that will be included in the research, in consultation with WA/RHO and the Africa Bureau, and begin data collection, analysis, and synthesis.

Quarter 3 progress

- In Q3, **Activity 1** continued with discussions on possible dissemination channels for the landscape study report and materials, e.g., country snapshots. Most notably, HFG explored the possibility of disseminating HFG content on UHC and health financing on a web learning platform that USAID's Global Health Supply Chain-Technical Assistance program has developed for regional health body and WA/RHO strategic partner WAHO.
- Ongoing TA to Togo, **Activity 2**, focused on determining the most useful advocacy materials to support key stakeholders to make the case for UHC. In particular, HFG has worked with stakeholders including WHO and MSPS to identify: key policymakers to target for advocacy efforts, hierarchical considerations for the advocacy process, and examples of Togo advocacy materials. In Q4, HFG will meet with World Bank, the MFPTRA, and WA/RHO and MSPS to decide how government counterparts will pursue advocacy efforts. Based on their input, HFG will develop supporting advocacy materials.
- For **Activity 3**, HFG finalized a concept note with USAID and the Ministry of Health to support the development of a strategic communication plan for UHC. This concept note reflected best practices documented in the newly released Strategic Communication for UHC: Practical Guide and Planning Tool, developed with support from HFG in collaboration with the Joint Learning Network, and lessons learned from HFG's experience in strategic communication in Nigeria, Ghana and Bangladesh. After a technical working group was nominated by the health minister, HFG's communications expert and health financing expert met virtually with the technical working group twice. They discussed the overall methodology for developing the strategic communication plan, and the technical working group shared work that had been completed already. HFG provided comments on the group's draft 0 of the plan and detailed technical ideas to further develop the plan. In addition, HFG sponsored Dr. Virginie Owono-Longang, Cameroon MOH focal point for UHC, to participate in the World Bank and USAID UHC Health Financing Forum in Washington, DC.
- For **Activity 4**, Alemtsehay Gelaw, DCA expert in Ethiopia, traveled to Cameroon in June to provide technical assistance, along with HFG consultant Michel Yapith, to health sector businesses and Ecobank to determine whether loans could be sought and approved by the end of September. The team visited 10 clinics, mostly offering FP/MNCH services, who were interested in accessing financing to purchase laboratory and delivery equipment to enhance their services. They were provided guidance on how to develop a loan proposal and complete a loan

application to be presented to Ecobank. Twenty participants from clinics also attended a two-day training on access to financing indicating there is demand for loans. Formal clinics are in a better position to be favorable to lenders as compared to smaller, informal clinics.

The team also met with Ecobank representatives who were interested in Alem's experience with the DCA program in Ethiopia, specifically on how it performs, how many loans are approved, and risk management strategies to avoid default and the default rate. Ecobank seems to lack the internal capacity to process health sector loans, and also remains risk-averse to extend loans to this sector in Cameroon, but agreed to extend the repayment period to 36 months. This is a benefit to equipment suppliers, such as BioHosfro, which remains interested in pursuing a loan with Ecobank with these new terms. Another equipment supplier, SSM, is also potentially interested. A market information document on the private health sector market was prepared by the team and presented to Ecobank for their follow-up.

In order to identify alternative lenders interested in providing loans to this sector, the HFG team met with one small enterprise bank and two microfinance institutions. Although they show strong interest in this area, they lack personnel who have experience lending to the health sector. They expressed interest in obtaining technical support from the team, in training their staff and, providing client post loan monitoring.

- For **Activity 5** (co-funded by USAID Africa Bureau), HFG , in collaboration with USAID, selected six countries for the exploratory analysis to assess the merits of policies for free FP services for clients: Ghana, Niger, and Mauritania as "core" countries and Burkina Faso, Côte d'Ivoire, and Mali as desk-based research-only countries. The analysis will focus on two primary questions: 1) what are a country's underlying objectives when it decides to offer free FP services for clients?; and 2) what has been the experience and results to date following the introduction of policies to offer free FP services? HFG launched desk-based research on policies, data indicators and literature for all six countries, and completed in-country data collection in two of three "Core" countries, Ghana and Niger; with data collection on the third, Mauritania, to follow. Findings for the Core countries will be complemented by information on the broader policy context and results related to policies for free FP for clients in the full set of six study countries, using secondary data and document review.

Quarter 4 progress

In the final quarter of HFG, Q4, HFG's regional and country-specific activities focused on meeting programmatic objectives and transitioning activities to country stakeholders (as applicable).

- For **Activity 1**, HFG and WA/RHO decided to finalize dissemination of the landscape study by sending hard copies to regional stakeholders as advised by WA/RHO. Such stakeholders included major universities and regionally focused organizations.
- In Togo, **Activity 2**, HFG and WA/RHO determined that the country is nascent in its efforts to pursue UHC, due to lack of government leadership. As determined during the February 2018 workshop, the primary bottleneck to Togo's progress is the lack of a designated leader to lead UHC efforts (the question of *"qui porte le dossier"* per the workshop). HFG convened several meetings with key central-level stakeholders from USAID, the MSPS, the MFPTRA, WHO, World Bank, and the Prime Minister's office in order to determine what communications TA HFG could provide. Through the course of these meetings and in concert with USAID, stakeholders determined that Togo needs long-term TA, well beyond the end HFG. Therefore, USAID and HFG agreed that HFG would produce a summary of the context of Togo and our TA recommendations as the final deliverable.

Continued TA to the Cameroon MOH in Q4 focused on supporting the development of a strategic communications plan for UHC. UHC Communications Advisor Gilbert Ntampuhwe worked remotely with the MOH-appointed UHC communications technical working group to establish the tenets of a strategic communications plan and to set the stage for concentrated in-country plan development. From July 23 to August 3, 2018, Mr. Ntampuhwe worked in country with the technical working group, facilitating the elaboration of a draft UHC strategic communications plan. Mr. Ntampuhwe drew upon two HFG and Joint Learning Network (JLN) tools that HFG translated into French to facilitate Cameroon's plan development: (1*) Strategic communication for Universal Health Coverage: Practical guide and (2) Strategic Communication for Universal Health Coverage: Planning tool.* Sixteen participants including representatives from the Ministry of Health as well as the Ministry of Communications attended the technical working group sessions. Mr. Andre Zida, health pharmacoeconomist and TA Lead to Cameroon, joined the group on July 30–August 3, 2018 to support refinement of the draft, the HFG-sponsored validation workshop on August 2, 2018, and the technical working group's restitution meeting on August 3, 2018. Following these events, HFG worked with the technical working group to update the draft and fully equip the technical working group to continue the next steps for finalizing the strategic communication plan for UHC independently.

- For **Activity 4**, HFG followed up with four clinics to assist them in preparing their business plan to present to Ecobank. They are interested in obtaining loans in the range of 50–250 million XAF (USD 89,000–444,000) to purchase equipment. HFG presented these business plans to Ecobank, who assigned an intern to follow up on the credit process for these clinics. Further follow-up found that 3 of the 4 clinics were not able to provide the guarantee Ecobank requires. The fourth clinic postponed their application until October.

  In addition, the equipment supplier, SSM, applied for a loan in the amount of 150 million XAF (USD 266,000). As of August 29, 2018, Ecobank transmitted an offer letter to SSM for that amount with a repayment period of 36 months. The funds will be used to finance SSM's stock, and HFG identified nine clinics interested in leasing equipment from SSM. Assistance was provided to the clinics to enter into leasing agreements with SSM. As the HFG project ends, further movement on realizing the loan will depend on the will and follow through of Ecobank.

  A brief summarizing lessons learned during the duration of the relationship with Ecobank was prepared and shared with USAID.

  In Q4, HFG completed implementation of the free family planning study methodology and produced the final report and accompanying summary PowerPoint slide deck. Specifically, HFG completed desk-based data, policy and literature research on the six study countries: Ghana, Mauritania, Niger, Burkina Faso, Côte d'Ivoire, and Mali. HFG also conducted in-country data collection in the study's three Core countries, Ghana, Mauritania, and Niger. These three countries have enacted policy to make family planning services free of charge to clients. HFG submitted a draft report to WA/RHO and USAID/AFR for feedback prior to finalizing the report and submitting it to USAID in English and French. Lastly, in order to ensure USAID could continue to disseminate the findings and promote dialogue as well as future research based on the study, HFG provided USAID with a report summary PowerPoint slide deck in English.

Table 35 provides additional activity-specific updates.

TABLE 35. WEST AFRICA REGIONAL ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Dissemination of Landscape Study Findings on Financing Strategies to Achieve UHC and Their Applicability to West Africa		
Disseminate landscape study findings through various regional and global channels.	Completed.	
Activity 2: Provide Technical Assistance to Togo to Achieve Health Financing and UHC Goals		
Provide additional TA to Togo.	Completed: HFG facilitated key stakeholder meetings to discuss the need to identify country leaders who will lead efforts to achieve UHC. Recognizing Togo requires long-term TA that will outlast the end of HFG, USAID and HFG agreed that HFG would produce a summary of the state of affairs in Togo and HFG's recommendations for future TA as a final deliverable.	
Activity 3: Provide Technical Assistance to Cameroon to Achieve Health Financing and UHC Goals		
Provide additional TA to Cameroon.	Completed: HFG provided remote technical assistance to the MOH-appointed technical working group and organized and facilitated two weeks of technical working group meetings including a one-day, 80-person workshop on July 23–August 3, 2018 to develop and validate the draft strategic communication plan for UHC.	
Activity 4: Technical Assistance on Initiation and Implementation of Development Credit Authority (DCA)		
Provide TA during business plan development of selected SMEs.	HFG assisted four clinics to prepare their business plans to present to Ecobank.	Three of the four clinics were not able to meet the collateral requirement of Ecobank.
Monitor credit application of health SMEs and access to credit (approval of loan applications).	SSM, the equipment supplier, prepared a loan application for Ecobank and received an offer letter of credit from Ecobank. HFG followed up on SSM's loan application and provided technical support by liaising with SSM and Ecobank.	Signing of the loan and disbursement of funds to SSM is expected by mid-September.
Activity 5: Review of policies for free family planning services for clients in sub-Saharan Africa		
Conduct literature and policy review.	Completed: HFG completed desk-based data, policy, and literature reviews on the six study countries: Ghana, Mauritania, Niger, Burkina Faso, Côte d'Ivoire, and Mali.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Perform data analysis.	Completed: HFG conducted quantitative and qualitative analyses of all data obtained.	
Conduct data collection.	Completed: HFG completed key informant interviews in the study's three Core countries: Ghana, Mauritania, and Niger.	
Discuss report structure and key messages with USAID.	Cancelled: HGF incorporated this task into the submission of the draft technical deliverable to USAID.	
Draft technical deliverable.	Completed: HFG submitted the draft study report to WA/RHO and USAID AFR and requested feedback.	
Finalize technical deliverable, incorporating USAID feedback.	Completed: HFG finalized the report, including USAID feedback as well as snapshots of the three Core countries, and submitted English and French versions to USAID.	
Disseminate activity results (if time available).	Completed: HFG submitted a report summary PowerPoint slide deck to USAID to facilitate dissemination beyond the end of HFG.	

5.2 Asia

5.2.1 Asia Bureau

Program Objectives - HFG's objectives under the Asia Bureau focus on supporting and facilitating countries' progress toward universal health coverage (UHC) to end preventable maternal and child deaths in the Asia region. Asian nations are at various stages on the trajectory toward achieving UHC. In the context of limited time and resources, countries and USAID missions seek interventions that are most likely to succeed and benefit from global experience and evidence. The Asia Bureau's goal is to build local and regional institutional capacity to design and implement smart reforms to expand access to priority services and reduce out-of-pocket health expenditures.

Year 6 Activities - HFG plans to implement the following activities under the Asia Bureau portfolio:

- **Indonesia implementation research (IR) on UHC:** To ensure progress toward UHC in Indonesia, it is important to monitor and strengthen the operational processes of the national health insurance program (Jaminan Kesehatan Nasional (JKN)), and to review policy decisions and clarify and strengthen roles and responsibilities. Indonesia's leaders need timely, accurate, and relevant information to allow them to take corrective measures that will enable them to achieve their goals for UHC. In Year 6, HFG continued to disseminate learning and results to audiences within Indonesia and beyond from the IR for UHC program, a research program designed to rapidly respond to targeted implementation questions/issues, defined by national and district stakeholders. Led by the Center for Health Policy and Management (CHPM), HFG produced policy briefs at the national and district level in five districts with insights on how to strengthen JKN at the primary care level. We also produced short policy video clips to disseminate widely among national and district stakeholders, and to a broader community of practice on IR for UHC that the CHPM hosts. We ensured that relevant findings from the IR for UHC activity were transferred to the flagship MNCH, HIV, and TB bilateral projects in Indonesia. Finally, for the global community, we developed and shared one journal article and one conference abstract, and hosted one dissemination event.
- **Myanmar Implementation Research:** Guided by its National Health Plan 2017-21 (NHP), Myanmar has embarked on ambitious reforms that touch all areas of the health system and that are aimed at helping the country make progress towards UHC. Ensuring that implementation of these reforms remains on track is one of the big challenges faced by the Ministry of Health and Sports. In Y6, HFG's IR for UHC activity helps expand the focus of implementation research and at the same time institutionalize it, building on lessons learned and relationships built in Y5. Through this activity, HFG will continue to strengthen implementation (and support scale-up) of the strategic purchasing pilot initiated by PSI. The main goals of this pilot are to help operationalize the engagement of private sector providers in the context of UHC and build knowledge and capacity around strategic purchasing to support the future development of a purchasing entity. HFG will also help build implementation research into other initiatives that contribute to Myanmar's move towards UHC and that are part of the NHP. These may include, for example, the introduction of the Inclusive Township Health Plans, the roll-out of DHIS2, or the integration of community-based service delivery into the health system.
- **2018 Asia Regional Flagship Course (Reshaping the Agenda To Support Achieving UHC in Asia):** HFG will support an Asia Regional Flagship Course that builds on the successful Flagship Courses offered with USAID support in 2014, 2015, and 2016. The 2018 course took place March 6-10, 2018 in Negombo, Sri Lanka and reflects greater Asia Network for Capacity Building in Health Systems Strengthening (ANHSS) ownership of organizing and delivering the course. The 2018 course will continue the approach of past courses by using a mix of lectures, debates, hands-on group work exercises, and case studies on UHC. However, there will be an important departure

from past Flagship Courses in the Asia region: the 2018 offering will emphasize sustainability in all aspects of its organization. The Asia Bureau will fund the course by sponsoring the tuition for approximately 50 percent of course participants, thereby providing incentives and placing more responsibility on ANHSS to market the course and register additional participants, and to deliver the course efficiently. Course enrollment will be coordinated with the World Bank and Asia region USAID missions; they will contribute travel and accommodation funding for participants whose registration fee is paid by HFG. The World Bank will also provide guidance on the curriculum development and may contribute an additional faculty member to support delivery of the course. The core faculty will be from the Asia region. HFG will work with ANHSS to document the steps and procedures necessary to organize the course. After the course has taken place, HFG will conduct a rapid evaluation of the four Flagship Courses to which the Asia Bureau has contributed funding. The rapid evaluation will focus on enablers and inhibitors of course success, and ANHSS's ability to organize and execute the course using a market-based approach.

- **Public Stewardship of Private Health Providers: Country lessons and improved performance (JLN collaboration):** The Private Sector Engagement Collaborative (PSEC) is developing a practical manual that contains step-by-step guidance along with real-world examples and case studies to help facilitate public-private engagement around primary health care (PHC), titled Engaging with the Private Sector in Primary Health Care to Achieve UHC: Advice from Implementers to Implementers. The first two modules of this practical manual are complete, covering initial engagement with the private sector and provider mapping. The PSEC is now exploring aspects of public stewardship of private providers to add to the practical manual, focusing specifically on regulation of the private sector (Module 3) and management of contracts held between government and private providers (Module 4). Additionally, to complement current work, HFG will collaborate with the PSEC and support peer-to-peer learning focused on regulation of private health providers and improving practices in public contracting of private providers. With HFG's support, the PSEC will hold a dissemination workshop with country members to conduct joint learning around these topics.
- **Exploring the institutional arrangements for linking health financing to the quality of care in the Asia Region**: Lessons from Indonesia, the Philippines, and Thailand: In Year 6, HFG will continue its investigation into institutional arrangements, health financing, and the quality of care. In Year 6, HFG will analyze data from key informant interviews that were conducted in the Philippines in Year 5. At the same time, HFG will conduct data collection in Indonesia and Thailand on the governance arrangements linking financing to the quality of health care. Data collection and analysis in the three countries will inform HFG's case study report that will synthesize key lessons and themes based on documented experiences, decision-making processes, challenges, and perceived successes. HFG will convene a regional meeting with key stakeholders from Indonesia, the Philippines, Thailand, and other countries in the region to share the findings and build consensus among stakeholders on the key considerations for linking financing to quality.
- **Analysis of the Sustainability of Selected USAID Health Investments in Family Planning (FP) and Maternal and Child Health (MCH):** A number of USAID family planning (FP) and maternal and child health (MCH) programs have ended around the world. The nature of these endings varies: while some countries have experience a gradual transition of donor support to other actors, others have experienced a more abrupt ending. There is a lack of systematic information concerning whether countries' FP/MCH programs have improved, sustained, or not sustained FP/MCH-related health outcomes over time. Understanding the performance of FP/MCH programs after USAID support ceased - both in the presence and absence of external financial and technical support for health - can inform how USAID can best position countries for sustainable health outcomes as it plans to transition its health support to a country.

HFG conducted a two-phased analysis of FP and MCH outcomes after USAID support in a country has ended. The activity aims to identify enabling or impeding factors for sustainable USAID program outcomes and has the potential to inform USAID's transition and sustainability planning. Phase 1 will describe country FP and MCH programs and outcomes after USAID support ended; Phase 2 will depend on the findings of Phase 1 and most likely qualitatively ascertain possible reasons for the observed results from Phase 1 using tracer countries.

Year 6 Progress Against Objectives -

- **Indonesia IR on UHC:** Prior to Year 6, two cycles of IR were completed by HFG's implementing partner, CHPM. Through policy briefs and other methods, the results of cycle 1 and 2 were disseminated, with dissemination efforts continuing into Year 6 for cycle 2. At the beginning of Year 6 Quarter 1 (Y6Q1), CHPM worked with the USAID flagship bilateral projects covering HIV, TB, and MNCH bilateral programs to ensure the lessons learned and research recommendations were shared and incorporated into the implementation strategies. In October 2017 Dr. Dewi from CHPM and Dr. LeRoy from HFG presented cycle 1 and preliminary cycle 2 findings to the HIV Linkages workshop in Jakarta. The workshop included HIV service organizations that advocate for men who have sex with men (MSM), injection drug users, pregnant women, and transgender individuals with HIV. The participants were very interested in learning more about JKN regulations to best serve their constituents and to understand what services are covered. They also raised concerns with some of the JKN regulations, such as the need to obtain an identity card in one's place of birth: some individuals with HIV or AIDS are estranged from their villages, and many of those who are transgender are using a new name and identity. HFG also shared slides on findings related to TB through the cycle 2 deep-dive workshop in November, and shared these slides with USAID and the TB project for wider dissemination. In Y6Q1 HFG also:

  - Held a workshop for the UHC community of practice (October)
  - Presented to the Health Benefits Policy Collaborative of the Joint Learning Network at its meeting in Seoul (December)
  - Finalized the data analysis of cycle 2
  - Held another deep-dive workshop in December, this one with district and national stakeholders (including the MOH, BPJS, and JKN officials) to review preliminary findings and recommendations from cycle 2 research

  In Q2, CHPM turned its attention to analyzing and writing up the deep-dive workshop report from cycle 2, and a final report on the results from the individual districts and the cross-cutting themes that had surfaced in multiple districts. CHPM also continued district dissemination meetings. On January 18, 2018, CHPM representatives visited Tapanuli Selatan, and on January 23, 2018, they visited Jakarta to report their findings. In April Dr. LeRoy traveled to Jogja to work with the CHPM team on the final analyses, report, and other deliverables. During this trip Dr. LeRoy met with USAID Project Officer Edhie Rahmat to discuss the dissemination plans and review the planned final deliverables.

  In Q3 the CHPM team continued capturing policy changes that were enacted in the five districts as a result of or pertaining to the findings from the IR activity, and continued to finalize their final report from both cycles. They completed policy briefs for each of the five districts and a policy brief for national stakeholders, translated into English. CHPM also completed animated infographic videos for each of the priority programs (HIV, MNCH, and TB) that highlight findings from each. Also, the regulatory review assessing JKN implementation versus design was completed in Q3; this document was based on recommendations from stakeholders obtained during cycle 1 of the IR.

CHPM with HFG's support submitted three abstracts to the Global Symposium on Health Systems Research to present the work on IR for UHC in Indonesia, and one was accepted. Another abstract, titled "Challenges in Conducting Implementation Research Overseas," was accepted for a 20-minute paper presentation at The Qualitative Report's 10th Annual Conference (TQR2019), which will be held at Nova Southeastern University on January 16-18 2019. Finally in Q3, HFG developed a concept paper and began planning a USAID briefing on IR for UHC in Indonesia and Myanmar to take place in Q4.

- In Q4, Rena Eichler, Lisa LeRoy, Alex Ergo and Zohra Basra presented on HFG's work in IR for UHC to USAID, highlighting the Indonesia and Myanmar case studies as comparative examples of applying implementation research to inform policy changes. The presentation was organized by USAID and took place on July 11, 2018 in Crystal City, and was live-streamed for an online audience. The focus of the presentation was to review USAID's investment in IR for UHC since inception through HFG's final results, in two very different contexts. There was good participation from USAID staff in person and online. Questions and discussion from the audience focused on the successes, challenges, and lessons learned from the different partners and models used in the two countries. There was also discussion regarding the methods implemented, specifically about using implementation research methods instead of other approaches like quality improvement and rapid feedback evaluation.
- In Q4, HFG, with CHPM, developed and submitted a manuscript outlining high-level lessons from the Activity to the Journal of Global Health: Science and Practice, as a field action report. In Q4 CHPM finalized the final report including methods and results from both cycles of research, which HFG substantively reviewed, edited, and readied for dissemination.

- **Myanmar Implementation Research (IR):** A concept note proposing an approach to institutionalize implementation research as part of ongoing monitoring of NHP implementation was prepared in Q1, and discussions about the proposed approach with several key players within the Ministry of Health and Sports commenced.
  - The first cycle of learning for the strategic purchasing pilot involving private GP clinics was completed in Q1. A report describing it was produced and shared with all members of the Scale-Up Management Team.
  - The IR's second cycle of learning was completed. The Scale-Up Management Team met on February 13, 2018, to review progress in the implementation of the pilot and to discuss the findings from the second cycle of learning. The group also discussed whether and what corrective measures need to be taken to address some of the problems revealed by the IR.
  - The IR's third cycle of learning was initiated in Q2. At the February 13 meeting, participants created an initial list of questions that the third cycle of learning could possibly look into. The list was subsequently reviewed.
  - On January 11, 2018, Dr. Han Win Htat from PSI gave a presentation titled "Conducting Implementation Research For Strategic Purchasing In Practice: An Implementer's Perspectives" at the IR symposium organized by the Department of Medical Research
  - In Q2, three additional learning briefs for the Myanmar Strategic Purchasing Briefs Series were finalized and widely disseminated:
    - Brief #3: Focuses on the experience and lessons learned so far from the pilot with respect to targeting poor households
    - Brief #4: Looks at the performance-based payment system that was built into the strategic purchasing pilot

    - Brief #5 describes how lessons learned so far are being used to adjust and improve the design of the pilot

- A webpage was prepared and uploaded on the HFG website to showcase the Asia Bureau Myanmar Implementation Research activity: https://www.hfgproject.org/myanmar/
- Alex Ergo joined a panel on Strategic Purchasing organized by HFG on February 20 in Washington, DC, as part of the Advances in Health Finance and Governance series. The recording can be accessed at https://www.hfgproject.org/advances-health-finance-governance-series-strategic-health-purchasing-webcast/
- In Q2, incorporation of IR in the strategic purchasing pilot that had been launched in Chin state was further discussed. Possible approaches to build continuous learning into the pilot were identified. The team continued this work in Q3 by conducting a field visit to Chin State to assess the feasibility of incorporating IR into the pilot, and beginning to establish the proposed continuous learning mechanisms.
- In Q3, the third cycle of learning progressed: HFG developed research methods, collected and analyzed data, and drafted a report with findings and recommendations of cycle 3. Myanmar launched the process to develop its health financing strategy, making the learning from this HFG activity extremely timely and relevant. HFG began planning a briefing that will discuss the implementation research in Myanmar and Indonesia.
- In Q4, the report with the findings and recommendations from the IR's third cycle of learning was reviewed. HFG conducted a second field trip to Chin State to visit the other identified project site and to identify possible cost-effective communication channels that could facilitate the incorporation of continuous learning and problem- solving into the pilot; the report was amended accordingly.
- In Q4, the HFG study team made a presentation at USAID's office in Arlington, VA on July 11, 2018. The topic was Implementation Research for UHC: Lessons from Indonesia and Burma and Implications for Future IR Investments.
- At the time of this report, the sixth brief of the Myanmar Strategic Purchasing Brief Series was being finalized and was planned to be completed before the end of HFG and available for use by key stakeholders.
- A meeting was held in Nay Pyi Taw on August 20, 2018, bringing together key stakeholders from all the ongoing strategic purchasing pilot projects being implemented in the country; this was used as an opportunity to discuss the expansion/formalization of the Scale-Up Management Team to oversee/learn from all the strategic purchasing experiences. This expansion/formalization will have multiple benefits: it will facilitate cross-learning between the different pilots; and it will help ensure that the different ongoing/new pilots are coherent and that they all contribute to the formulation/implementation of the country's health financing strategy.
- Also in Q4, HFG drafted a manuscript about the Myanmar IR activity for a peer review journal. The Director of the National Health Plan Implementation Monitoring Unit of the Ministry of Health and Sports was a co-author.
- By the end of HFG, the study team had achieved the planned deliverables. Several of the activities will continue after HFG with additional cycles of learning, with support from other development partners.

- **2018 Asia Regional Flagship Course (Reshaping the Agenda To Support Achieving UHC in Asia):** In Y6Q1 HFG supported ANHSS in preparing for the 2018 Asia Regional Flagship Course, to be held in March 2018 in Sri Lanka. ANHSS formed a course Steering Committee, comprising the USAID/Asia Bureau, ANHSS, HFG, and the World Bank, and facilitated the Committee's first virtual meeting. HFG advised ANHSS on mapping out the process for marketing and registering participants with various sponsors. The marketing and registration process began, with USAID/Asia Bureau determining the numbers of participants by country whose tuition it would sponsor and assessing the demand for additional participants whose tuition would be sponsored by other sources of funding (e.g., USAID Missions or through World Bank Loans). ANHSS began marketing the course to other participants through the ANHSS network. In parallel, ANHSS began developing the course agenda and curriculum with the faculty and steering committee.

  In Q2, HFG continued to support ANHSS as it prepared for and delivered the 2018 Asia Regional Flagship Course. The course took place March 6 - 10 in Negombo, Sri Lanka, with 61 participants from 12 countries. USAID/Asia, through HFG, paid the tuition of 35 participants. Also in Q2 HFG began work on a rapid evaluation that documented and assessed the evolution of the Asia Regional Flagship Courses. HFG conducted key informant interviews with participants and stakeholders at the course, which informed the evaluation.

  In Q3 HFG drafted the evaluation report, and began the process of creating an Implementation Plan for revising the Flagship Program. The first step in this process was to convene a stakeholders' workshop on July 9 and 10 at the World Bank in Washington, DC; about 25 thought leaders who have experience with the Flagship Course attended to discuss their experience and offer their perspectives on general necessary updates to the Flagship Program. This workshop additionally informed follow-on work, completed by HFG team members and consultants, to support the process of revising discrete portions of the Flagship Program, such as updating course materials on specific sessions, and synthesis papers, to summarize current thought leadership on Flagship topics, and to create materials specific to the Asia context.

  After the meeting, HFG synthesized workshop outcomes into a report that recommends a path forward for future updates to the Flagship Program, and prepared new content for the Flagship Program that emphasizes case studies from Asia.

- **Public Stewardship of Private Health Providers: Country lessons and improved performance (JLN collaboration):** In Y6Q1, PSEC facilitators continued to work virtually with PSEC members to develop country case studies. In addition, they developed a draft outline for Module 4 of the private sector practical guide on contracting. On November 2, 2017, the PSEC hosted a webinar for countries to share their experiences with implementing country regulatory system assessments, specifically on the regulation of private sector primary health care, with attendees from Ghana, Indonesia, Kenya, Malaysia, and Mongolia. During the webinar, the group reviewed the work completed on the regulation case studies thus far; participants from Indonesia and Malaysia presented their experiences implementing country regulatory system assessments; and participants discussed overall experiences, lessons learned, and next steps.

  In December, the PSEC met during a JLN cross-collaborative event in Seoul, South Korea on December 4-8, 2017. The PSEC session brought together six countries including Ghana, Kenya, Korea, Indonesia, Malaysia, and Morocco to: (1) share experiences and preliminary findings from country case studies of the health regulatory systems that govern private primary health care; (2) co-develop lessons learned and recommendations from the regulatory system case studies across countries to inform Module 3 of the collaborative's practical guide; and (3) discuss and review an outline for Module 4 on contract management of the collaborative's practical guide. On the first day, members were able to: 1) review the existing content of the practical guide titled Engaging the Private Sector in PHC for UHC: Advice from Implementers for Implementers; 2) engage in a robust

discussion on country lessons from the country assessments of the health regulatory system; 3) synthesize the cross-country lessons; and 4) discuss provider contracting for PHC to inform Module 4 of the practical guide. On the second day of the meeting, the PSEC came together with other PHC Initiative collaboratives to discuss the progress and future of the JLN PHC Initiative. Following a quick overview session on the progress of the PHC Initiative thus far, country members participated in a "marketplace" activity where they were able to showcase the progress of their country case studies to other country members across the initiative. The marketplace activity allowed countries across collaboratives to share their hard work on the country assessments and uncover common challenges and recommendations from other countries. PSEC members were also able to participate in site visits and learning sessions during the week to learn more about the South Korean health care system and JLN collaborative work in general.

In Y6Q2, PSEC facilitators continued working with PSEC members virtually to develop the individual country case studies. Following the JLN cross-collaborative learning exchange in Seoul, South Korea in December 2017, countries drafted their case studies, with feedback and additional support to the country teams provided by the technical facilitation team. Additionally, using the findings, conclusions, and recommendations from the case studies, the technical facilitation team supported a cross-country analysis, extracting common lessons and innovations and guidance from the individual case studies to inform this report. The facilitators first developed a detailed outline that was shared with PSEC teams to ensure that findings from countries used in the report were accurately reflected. Following feedback and validation by countries, the facilitators drafted the synthesis report.

The technical facilitation team drafted and validated outlines for Modules 3 and 4 of Engaging the Private Sector in PHC for UHC: Advice from Implementers for Implementers. In Q3 HFG continued working on the country case studies about regulation of the private health sector, outlines of Module 3 and Module 4 of the practical guide on regulation and contracting, and the synthesis report of country case studies on regulation.

In Q4, PSEC facilitators worked closely with a designer, copy-editor, and printer to finalize and print the JLN PSEC knowledge products. The knowledge products that were finalized in Q4 include: (1) a report synthesizing lessons learned and promising innovations from six countries on the regulation of private primary health care; (2) a series of country assessments on regulation of private primary health care; and (3) a guide for conducting assessments of country health regulatory systems. In Q4, PSEC facilitators organized a webinar on September 6 that highlighted innovations in the synthesis report and launched the three knowledge products that had been completed in that quarter. Also in Q4, the technical facilitation team continued to draft and validate outlines for Modules 3 and 4 of Engaging the Private Sector in PHC for UHC: Advice from Implementers for Implementers. Drafts of these modules were made available to stakeholders before the end of HFG, and the team continued to refine the documents after HFG ended.

- **Exploring the institutional arrangements for linking health financing to the quality of care in the Asia Region: Lessons from Indonesia, the Philippines, and Thailand**: In Q1, HFG completed key informant interviews in the Philippines. Transcription and translation of all data from the Philippines was also finalized. Using NVivo 11 analysis software, HFG put together a codebook as an analysis framework and started coding and analyzing the data. In Q1, HFG also secured local IRB exemption in Thailand and launched national-level data collection. Two HFG team members traveled to Bangkok to train the in-country research team on the study protocol, main research questions, data collection instrument, and data quality and security. Following this, and with the help of a local consultant, HFG conducted several in-depth interviews with key health financing and quality stakeholders involved in the nation's health system research and reform.

In Q1, the IRB approval needed to start data collection in Indonesia was still pending. In anticipation of the approval, HFG conducted virtual training on the study protocol with the local research team and worked to confirm respondents and draft interview schedules.

During Q2, HFG secured ethical clearance from the Indonesia local IRB and commenced data collection. Two HFG team members traveled to Jakarta to hold a half-day workshop on qualitative data collection and management methods with the local team, which included a senior consultant serving as a research advisor and two research assistants. This was followed by national and sub-national level key informant interviews with identified stakeholders.

In Q2, HFG finalized data collection in Thailand. Transcription and translation was ongoing and the HFG team worked on coding and analyzing the data. Data analysis was completed for the Philippines, and the team produced a preliminary findings report for USAID highlighting emerging themes from the analysis that will feed into the final country-specific report being developed by the team. Furthermore, HFG also worked closely with USAID to plan the dissemination and validation workshop, which was held in early May 2018. Based on interest expressed by the USAID Mission, Manila, Philippines was chosen as the location for this event.

During Q3, the team finalized data collection in Indonesia and produced preliminary findings for both Thailand and Indonesia. These findings, along with those from the Philippines, were shared with key stakeholders and technical experts on May 7, 2018 for validation during a one-day HFG-hosted regional workshop in Manila. The workshop also included interactive group sessions on synthesizing cross-country lessons, challenges, and recommendations in strengthening institutional arrangements to link health financing to the quality of care and developing country-specific plans for strengthening these links by applying the Framework for Defining Institutional Arrangements When Linking Financing to Quality in Health Care (also developed by HFG under a separate activity). The event brought together over 30 stakeholders from across six countries, including representatives from Bangladesh, Indonesia, Malaysia, Moldova, the Philippines, and Thailand.

In Q4, HFG finalized the QA review of Indonesia data and conducted additional analysis based on feedback from the dissemination workshop. Also in Q4, HFG hosted an online webinar to bring together key experts, both at the country and international organization level, to discuss their work and experience in implementing institutional arrangements to link health financing to quality as well as disseminate the final findings of this research. In addition to this, HFG also produced a cross-country report synthesizing lessons learned from across the three case study countries.

Analysis of the Sustainability of Selected USAID Health Investments in Family Planning and Maternal and Child Health: In Q1 HFG finalized the activity work plan and began the Phase 1 analysis to describe country FP and MCH programs and outcomes after USAID support ends. HFG conducted a literature review to determine the variables that will be used in the Phase 1 analysis.

In Q2, the HFG reviewed relevant expenditure and FP/MCH indicator databases and refined the data analysis plan accordingly, based on available data. The HFG team consolidated the data, which was used in the Phase 1 analysis. HFG completed the Phase 1 analysis in Q3 and scheduled a meeting with USAID key stakeholders for July, to review the Phase 1 results and identify the countries to be included in Phase 2.

In Q4 HFG and USAID/ASIA convened a validation meeting with USAID staff who were involved with MCH and FP country transitions, on July 31, 2018. In addition to providing feedback on the Phase 1 analysis, meeting attendees suggested countries for the Phase 2 analysis. In Q4 HFG conducted the Phase 2 qualitative analysis of the transitions in Indonesia and Paraguay; this included key informant interviews and desk reviews of project documents.

Q4 Challenges -

Indonesia IR for UHC: Final project reports and policy briefs that were translated from Bahasa to English required intensive editing as Bahasa is a highly contextual language and therefore challenging to translate directly. Because of these challenges, HFG decided to write a summary two-page overview on the district briefs, and keep the originals in English, except for the national-level policy brief on cycle 2.

Table 36 provides additional activity-specific updates.

TABLE 36. ASIA BUREAU ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Indonesia Implementation Research (IR) on Universal Health Coverage (UHC)		
Dissemination and dialogue on IR cycle two findings in Indonesia to define future IR questions and policy implications, including deep-dive workshop report	The Deep Dive report and final report were edited and formatted in Q4 and disseminated on the HFG website and in country to stakeholders and USAID.	
Dissemination of IR for UHC learning and experience to external audiences	Two abstracts were accepted at the Global Health Services conference, and CHPM will attend and disseminate findings. A further USAID-focused dissemination event was completed in Q4.	
Development of a technical manuscript outlining the IR for UHC process, major finding, future recommendations	In Q4 the manuscript was finalized and submitted to the journal Global Health: Science and Practice in September.	
Activity: Myanmar Implementation Research (IR)		
Draft manuscript about Myanmar IR activity for a peer-reviewed journal.	HFG drafted the manuscript through the beginning of September. The deliverable was completed before the end of HFG and available for dissemination.	
Mandate roles and responsibilities prepared for Scale-Up Management Team that oversees IR (one page report).	Proposed expansion/formalization of the Scale-Up Management Team to oversee/learn from all the strategic purchasing experiences being implemented in the country. The proposal was discussed among all key stakeholders and approved.	The proposal made was approved. The Scale-Up Management Team will meet every 3–4 months to review/discuss the various ongoing strategic purchasing pilots (after HFG ends).
Plan for the next cycles of learning and for the expansion of IR to other townships and possibly other thematic areas	HFG reviewed the report with the findings and recommendations from the IR's third cycle of learning. HFG conducted a second field trip to Chin State to visit an additional project site and identify possible cost-effective communication channels that could facilitate the incorporation of continuous learning and problem-solving into the pilot. The report was amended accordingly. The Scale-Up Management Team met to review and discuss the findings and	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	recommendations from Cycle 3. Also at this meeting, the Team identified IR questions for the Chin State pilot's first cycle of learning, which will take place after HFG ends, with support from other development partners.	
Activity: 2018 Asia Regional Flagship Course (Reshaping the Agenda To Support Achieving UHC in Asia)		
Evaluation of Asia Bureau-supported Flagship Courses	HFG completed the report before the end of HFG and circulated it to relevant stakeholders.	
Create Implementation Plan for revising the Flagship Program and update course materials.	HFG has contracted consultants to create the following deliverables: an implementation plan for updating the Flagship Program, a synthesis report to inform course content on implementation politics, updated course materials on social health insurance in Asia, a draft Flagship Course director guide, course content on NCDs in Asia, updated course content on regulation, updated course content on purchasing, course content on access to NCD medicines, and a Flagship course glossary. The deliverables were completed before the end of HFG and shared with the relevant stakeholders.	
Convene stakeholder meeting to discuss the Flagship Program and an implementation plan for revisions.	HFG, in partnership with the World Bank, organized a workshop on the Flagship Learning Program for the Next Decade in Washington, DC on July 9–10, 2018. Michael Reich chaired the workshop and 33 individuals attended, representing stakeholders who had organized, taught at, and financed Flagship Courses.	The workshop reflected on experience delivering the Flagship Course and provided recommendations for updating the Flagship Learning Program, which will require a longer-term investment from key stakeholders.
Activity: Public Stewardship of Private Health Providers/Country Lessons and Improved Performance (JLN collaboration)		
Development of outlines for modules 3 and 4 of the practical guide on regulation and contracting	PSEC technical facilitators continued to work on the outlines for modules 3 and 4, using data available from the in-person meetings held during the Seoul learning exchange.	As a next step, technical facilitators will share the robust outlines of the two modules for comment and validation.
Create and implement a dissemination plan for JLN PSEC knowledge products.	The webinar was held and the associated blog was posted before the end of the HFG project.	
Develop case studies on regulation of the private health sector.	The country case studies were finalized and published.	The country case studies were officially launched/published during the webinar on September 6.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Develop synthesis report of the case studies on regulation of the private health sector.	After receiving feedback from the countries, the facilitators finalized the report.	The synthesis report was officially launched at the September 6 webinar.
Activity: Exploring the Institutional Arrangements for Linking Health Financing to the Quality of Health Care in the Asia Region – Lessons from Indonesia, the Philippines, and Thailand		
Analyze data and draft report of findings and lessons learned across the three countries.	HFG refined the analysis and drafted a report of findings and lessons learned from Indonesia, the Philippines, and Thailand for circulation and review.	
Finalize report based on feedback obtained from regional stakeholder meeting.	HFG addressed reviewers' comments and finalized the study report for dissemination.	
Host webinar on structuring institutional arrangements when linking financing to quality in health care.	In Q4, HFG organized a webinar to present the research findings as well as recent work conducted by other organizations in this area. This was a moderated panel and addressed how countries link health financing and steps countries are taking to improve the institutional arrangements that strengthen these links.	
Activity: Analysis of the Sustainability of Selected USAID Health Investments in Family Planning (FP) and Maternal and Child Health (MCH)		
Phase 2 Analysis – Qualitative analysis of possible reasons for Phase 1 results, using tracer countries	Phase 2 began in Q4. The qualitative analysis focused on two countries: Indonesia and Paraguay. HFG conducted interviews, conducted desk reviews of project documents, and wrote the final report.	
Phase 1 Analysis – Description of FP and MCH programs and outcomes after USAID support ended	HFG completed the Phase 1 analysis and convened a validation meeting with USAID/Asia. The validation meeting was attended by USAID staff, and participants provided feedback on the methodology and assumptions. Additionally, the group helped to identify countries that are the focus of the Phase 2 analysis. HFG finalized the Phase 1 report after the meeting.	

5.2.2 Bangladesh

Program Objectives – HFG supports countries as they navigate the economic transitions needed to achieve UHC. The overarching goal of HFG work in Bangladesh is to help transform health care financing to achieve UHC. This is particularly important given Bangladesh's commitment to achieving the Sustainable Development Goals (SDGs), with UHC a clear target for SDG 3. An additional goal of the HFG project in Bangladesh is to build on previous years' investments and continue to support the implementation of the country's Health Care Financing Strategy. HFG's Year 4/FY 2016, Year 5/FY 2017, and Year 6/FY 2018 work plans also complement the development and implementation of the 4th Health, Population and Nutrition Sector Programme 2017–2022 (4th HPNSP) of the Government of Bangladesh.

The HFG Year 6 work plan, as in Year 5, directly supports strategic objectives 1, 3, and 6 of the Health, Nutrition and Population Strategic Investment Plan 2016–2021. Strategic Objective 1 is "To strengthen governance and stewardship of the public and private health sectors"; Strategic Objective 3 is "To provide sustainable financing for equitable access to health care for the population and accelerated progress towards universal health coverage"; and Strategic Objective 6 is "To improve health measurement and accountability mechanisms and build a robust evidence base for decision-making."[5]

Furthermore, the Year 6 work plan is based on priority focus areas highlighted in USAID's health financing and UHC assessment report of 2015.[6]

Year 6 Activities - In Year 6, the HFG team in Bangladesh is working in the activity areas described below; some of these activities will be completed in Year 6 with Year 5 funding. Activities will be conducted in partnership with the Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MOHFW).

- ***Activity 1: Raising Awareness of UHC:*** USAID's health financing and UHC assessment report of 2015 identified this as the first focus area for USAID support in Bangladesh. Over much of Year 4 and Year 5, HFG focused on raising awareness at the national level with the objective of developing a critical mass of professionals who can carry forward the UHC agenda in Bangladesh. In Year 5, the activities expanded to address awareness at the subnational government levels and among nongovernment actors including journalists; this will continue into Year 6.

  Based on HFG's Action Plan for UHC Communication developed in Year 5 and lessons learned from prior years, the following activities are planned for Year 6 to continue to raise awareness of and advocate for UHC.

  - *Activity 1.1:* UHC working sessions with selected Operational Plan (OP) managers at the MOHFW. These working sessions will target line directors, program managers, and deputy program managers of selected OPs, to orient them to UHC, and to integrate UHC in the implementation of their respective OPs.
  - *Activity 1.2:* UHC dialogues and advocacy series. Following the division- and district-level UHC dialogues in Year 6, the awareness activity is being strategically transitioned to the *Healthy Bangladesh* platform, a civic platform managed by HFG's local partner, Power and Participation Research Centre (PPRC).

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[5] Planning Wing, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh. April 2016. *Health, Nutrition and Population Strategic Investment Plan (HNPSIP) July 2016–June 2021, Better Health for a Prosperous Society*. Dhaka, Bangladesh.

[6] Karen Cavanaugh, Mursaleena Islam, Sweta Saxena, Muhammod Abdus Sabur, and Niaz Chowdhury. 2015. *Universal Health Coverage and Health Financing in Bangladesh: Situational Assessment and Way Forward*. Washington, DC: USAID.

- *Activity 1.3:* UHC technical discussions with journalists. This activity will continue engagement with journalists from the Bangladesh Health Reporters' Forum oriented by HFG to UHC during Year 5, as well as include new journalists. A series of five technical discussion sessions are planned on focused health financing topics.
- *Activity 1.4:* UHC Knowledge Exchange. This activity is proposed as a "UHC Knowledge Exchange Event" showcasing the multitude of efforts linked to advancing UHC in Bangladesh. The event will also include a capacity-building program for UHC champions (identified during the district dialogues) and a policy dialogue. This activity will carry forward the idea of a learning collaborative with a range of stakeholders. The UHC awareness and advocacy activities will have a strategic focus to draw lessons learned to share within Bangladesh and globally. Plans for transitioning will be made so that UHC awareness activities will continue and be sustained.

- ***Activity 2: Costing the Essential Service Package (ESP) and TB Services:*** Activities 2.1 and 2.2 below will be completed in Year 6 with Year 5 carry-forward funding. Activity 2.3, TB Costing, will be a new activity with Year 6 funding. This is proposed in partnership with USAID's Research for Decision Makers (RDM) project and the HEU.
  - *Activity 2.1:* Technical support for ESP costing. This activity will be completed in partnership with the HEU and WHO. WHO contracted the Health Economics and Financing team at the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), which started working on the ESP costing in January 2017. HFG's international experts are providing technical assistance on using the OneHealth Tool (OHT) for costing and analysis, including review of the OHT projections and technical solutions.
  - *Activity 2.2:* Policy brief and workshop on costing and use. HFG will prepare a policy-relevant technical brief based on the ESP costing final report. A policy workshop will focus on the use of costing estimates for policy, planning, implementation, and monitoring. ESP costing results will be used to continue discussions on use of costing for policy and planning. These activities will be planned jointly with WHO, following from Activity 2.1 above. *This activity was cancelled in Y6Q3, as timely review and approval was not received from MOHFW, prior to HFG project closing in Bangladesh*.
  - *Activity 2.3:* Technical support for TB costing. HFG is partnering with USAID's RDM project. International experts from HFG will provide technical assistance on the OHT and TB Impact Module for TB costing and analysis. This will include capacity building on the tools, support to develop a feasible work plan for TB costing, technical support to set up the OHT projection for TB costing, and review of analysis on use of TB costing for planning and programming.
- **Activity 3: Resource Modeling for the ESP, TB, and Immunization**: USAID requested a resource modeling analysis to identify resource gaps and needs, and trends in funding the ESP, particularly in light of increased domestic co-financing requirements by the Global Fund and GAVI.
  - *Activity 3.1:* Resource modeling and analysis for the ESP. A model for resource requirements and gaps will include data from the ESP costing activity, and potential domestic resource commitments, donor plans, and sector OPs for health interventions included in the ESP. Scenarios will include different levels of contribution from donors, particularly in light of increased domestic co-financing requirements by the Global Fund and GAVI, and possible sources of domestic resource mobilization for those gaps.
  - *Activity 3.2:* Resource modeling and analysis for TB and immunization financing. In addition to the overall analysis of the resources available for the ESP (Activity 3.1), HFG will conduct specific sub-analyses, with a focus on TB and immunization programs. The methodology to be followed for disease-specific analysis will be similar to the approach to examination of the overall ESP.

HFG will look at recent spending patterns, as well as future earmarks from government and donors, to estimate the potential resource availability.

- *Activity 3.3:* Policy discussion on use of results. After completion of Activities 3.1 and 3.2, HFG plans to organize a policy workshop to initiate discussion on domestic resource needs and resource mobilization for ESP, TB, and immunization programs. *This activity was cancelled in Y6Q3, as timely review and approval was not received from MOHFW on the costing report (which is an input to this analysis), prior to HFG project closing in Bangladesh.*

- ***Activity 4: Repositioning the Health Economics Unit:*** This activity was re-scoped in Y5Q3 from "Capacity building and support for establishment of a costing hub at HEU" to a broader activity on "Repositioning HEU" in the context of UHC and the 4th Health, Population and Nutrition Sector Programme. Activity 4.1 will be completed in Year 6 with Year 5 carry-forward funding. Activity 4.2 was a follow-on activity with Year 6 funding (cancelled in Y6Q2).

  - *Activity 4.1:* Organizational assessment of HEU and business plan. The organizational assessment was completed in July 2017, and the first draft of the proposed repositioning plan was provided to the HEU in October 2017.

  - *Activity 4.2:* Implementation support for HEU's business plan. *Cancelled in Y6Q2 in discussion with USAID/Bangladesh.*

- ***Activity 5: Reviewing Approaches for Targeting the Poor:*** This activity will be completed in Year 6 with Year 5 carry-forward funding.

  - *Activity 5.1:* Targeting the poor. USAID's health financing assessment report in 2015 identified an important need to define clear approaches for targeting the poor in any health insurance scheme. HFG will work with local partner PPRC to build on its earlier work on different approaches for targeting the poor. Based on the findings of this review and considering future needs in Bangladesh, HFG will develop recommendations for alternative pro-poor targeting approaches.

Year 6 Progress Against Objectives – All HFG Bangladesh activities were completed in Y6Q3, including an end-of-project event (reported in Y6Q3 report). Remaining deliverables were finalized and submitted to USAID/Bangladesh in Y6Q4.

The HFG Bangladesh site office assets were transferred to USAID's Advancing Universal Health Coverage project in Dhaka, Bangladesh on July 25–26, 2018.

Q4 Challenges – One challenge, which we have faced since Y6Q1 and reported earlier, was the repeated turnover during this past year, of the Director General at the Health Economics Unit, our main client at the MOHFW. This meant that some of our final deliverables, which were meant to be reviewed by and disseminated with HEU, could not all be disseminated accordingly. We built rapport with each new DG, which allowed our activities to continue, albeit with some delays

Table 37 provides activity-specific updates.

TABLE 37. BANGLADESH ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Raising Awareness of Universal Health Coverage		
UHC dialogues and advocacy series	Final deliverables: Completed and submitted three briefs – • Hossain Zillur Rahman and Sohel Rana. June 2018. *Accelerating Progress on Universal Health Coverage Hinges on Local Level Awareness and Engagement.* Rockville, MD: Health Finance and Governance Project, Abt Associates. • Hossain Zillur Rahman. May 2018. *Harnessing Universal Health Coverage Awareness: Evidence to Action in Bangladesh.* Rockville, MD: Health Finance and Governance Project, Abt Associates. • Hossain Zillur Rahman. May 2018. *Sustaining UHC Awareness: Healthy Bangladesh Platform.* Rockville, MD: Health Finance and Governance Project, Abt Associates.	
UHC working sessions with selected OP managers at the MOHFW	Submitted final deliverable: Technical note, "*Moving Towards Universal Health Coverage Through Implementation of Operational Plan Activities.*"	
UHC technical discussions with journalists	Activity completed in Y6Q3 and the final deliverable on media report submitted in Y6Q4. Tanver Hossain and Mursaleena Islam. June 2018. *Engaging the media and journalists to progress the universal health coverage agenda in Bangladesh, 2016-2018.* Rockville, MD: Health Finance & Governance Project, Abt Associates.	
UHC Knowledge Exchange	Activity completed in Y6Q3. Final deliverable submitted in Y6Q4: *"Universal Health Coverage (UHC) Learning Resource".*	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Costing the Essential Service Package and TB Services		
Policy briefs and workshop on costing and use	HFG submitted two final formatted technical briefs (a one-pager and a four-pager) to MOHFW and USAID: • Ministry of Health and Family Welfare. June 2018. Summary Policy Brief on Estimating the Costs of Public Sector Provision of the Bangladesh Essential Health Service Package: 2016-2022. Dhaka: Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh. • Ministry of Health and Family Welfare. June 2018. Technical Brief on Costs of Public Sector Provision of the Bangladesh Essential Health Service Package: 2016-2022. Dhaka: Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.	
Activity 3: Resource Modeling for the ESP, TB and Immunization		
Resource modeling and analysis for the ESP	In Y6Q4, HFG submitted the final report: • Akhter, S., Shepard, K., Yesmin, A., Blanchet, N.J., Islam, M. July 2018. Resource Gap Analysis for the Public Sector Provision of the Essential Service Package, Tuberculosis and Immunization Program in Bangladesh, 2017-2022. Report. Rockville, MD: Health Finance and Governance Project, Abt Associates. HFG submitted policy brief on ESP: • Akhter, S., Shepard, K., Yesmin, A., Blanchet, N.J., Islam, M. 2018. Policy Brief on Resource Gap for Essential Health Service Package (ESP) in Bangladesh, 2017-2022. Rockville, MD: Health Finance and Governance Project, Abt Associates.	
Resource modeling and analysis for TB and immunization financing	HFG submitted two policy briefs on TB and immunization financing: • Shepard, K., Akhter, S., Yesmin, A., Blanchet, N.J., Islam, M. June 2018. *Policy Brief on Resource Gap for Tuberculosis (TB) Program in Bangladesh, 2017-2022*. Rockville, MD: Health Finance and Governance Project, Abt Associates. • Shepard, K., Akhter, S., Yesmin, A., Blanchet, N.J., Islam, M. June 2018. *Policy Brief on Resource Gap for Expanded Program on Immunization (EPI) in Bangladesh, 2017-2022*. Rockville, MD: Health Finance and Governance Project, Abt Associates.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 4: Repositioning the Health Economics Unit		
Organizational assessment and business plan	In Y6Q4, HFG submitted the final report Morehouse, M., Akhter, S., Shafinaz, S., Islam, P., Islam, M. June 2018. *Repositioning the Health Economics Unit*. Rockville, MD: Health Finance and Governance Project, Abt Associates.	
Activity 5: Review approaches for targeting the poor		
Targeting the poor	In Y6Q4, HFG completed and submitted the final report: • Hossain Zillur Rahman and M.A. Wazed. June 2018. Targeting the Poor for Universal Health Coverage Program Inclusion: Exploring a More Effective Pro-poor, Targeting Strategy. Rockville, MD: Health Finance & Governance Project, Abt Associates. HFG submitted the final brief: • Hossain Zillur Rahman. May 2018. Targeting the Poor for UHC Program Inclusion: Exploring a More Effective Pro-poor Targeting Approach. Rockville, MD: Health Finance and Governance Project, Abt Associates.	

5.2.3 India

Program Objectives - To improve health outcomes for the poor by conducting research and evaluation on innovative approaches to providing essential health services in areas such as RMNCH+A, TB, FP, and adolescents; and capacity building of CSOs and FP supply chain management.

Year 6 Activities –

- Program review of Menstrual Hygiene Management (MHM) schemes in five states
- Strengthening of Adolescent Friendly Health Clinics (AFHCs) for improved visibility and acceptability
- Capacity building for FP supply chain management
- Assessment of TB diagnostic networks in the public and private sectors in India
- MOHFW seconded staff

Continuing Year 5 Activities:

- HFG Resource Center-FP studies
- CSO strengthening for accountability
- Supporting mutual health insurance and urban primary care financing

Year 6 Progress Against Objectives – HFG made major progress and completed its Y6 work plan in Y6Q4. It concluded a number of activities at the national and state levels, disseminated activity results, and transitioned resources to the MOHFW and USAID implementing partners. Highlights of activity accomplishments are presented below.

Year 6 Activities

- ***Program review of MHM schemes in five states:*** HFG completed a comprehensive and detailed MHM literature review report in Y6Q1 and shared it with the MOHFW to strengthen understanding of MHM behaviors and practices, use of absorbents, and disposal mechanisms. In addition, HFG started work on the MHM program review to assess the current status of MHM scheme implementation in five states. During Q2, HFG obtained IRB approval for the program review and initiated coordination with the state governments to facilitate the field visits, data collection, and stakeholders meetings. HFG contracted Auriga Consultancy for field data collection from adolescent girls in all five states and conducted pilot-testing of tools.

  During Q3, state government nodal officers were identified, who then further identified the districts for focus group discussions and KIIs. The state health department facilitated coordination with seven other departments for conducting KIIs. In parallel, HFG conducted training of data collection teams. Teams were selected to ensure the data collectors were well versed with the local dialect of respective states. They were then trained on human subject protection, the data collection tools, data collection protocols, and data security processes.

  Teams traveled extensively from April 6 to June 4, 2018, visiting 10 districts and 5 state capitals, and completing 30 focus group discussions and 90 KIIs (community frontline workers, school teachers, and state nodal officers). Cleaning and coding of the data was completed and data analysis and report writing was initiated in Q3.

  The first draft of the MHM program report was completed in early Q4 and results were reviewed with the MOHFW. Feedback from the meeting was incorporated and the report was submitted for HFG's expanded quality assurance process, in which multiple reviewers engaged in a facilitated discussion to synthesize reviews and provide comprehensive recommendations for improving the

final report. This feedback was incorporated in late July and early August and the final report was submitted to the MOHFW on August 20.

- ***Strengthening Adolescent Friendly Health Clinics for improved visibility and acceptability:*** MOHFW is seeking to reposition AFHCs at the district level as District Adolescent Friendly Health Resource Centers, where adolescents can access all the communication materials and counseling relevant to their health needs. Besides being storehouses of information, these centers can also serve as spaces where peer educator meetings can be held, and will serve as a fun and learning center for young people. Based on these guiding principles, a detailed scope of work was developed by HFG and approved by the government of India in Q1. Under this scope, we required assistance from design experts/architects who understand physical learning spaces from the perspective of cognitive development and how learning spaces influence behavior change and instill a threat-free environment for adolescents. HFG selected an industry expert after a rigorous search in Q1 and Q2. He has worked with the government of India and various bilateral and multilateral donor agencies, and understands the sensitivity of sociocultural needs of children and adolescents.

  In Q3, the team conducted field visits to assess the functioning and map the shortfalls of existing AFHCs, then designed spatial components of an Adolescent Friendly Health Resource Centers based on their observations. HFG also defined the overarching guiding principles for setting up the resource center. The principles were based on multiple factors influencing adolescent development and wellbeing, such as cognitive, vocational, and physical issues. HFG developed blueprints of spaces within the resource center, specifying functional elements such as counseling space, a library area, collaborative spaces for learning activities, and interactive waiting spaces. The blueprint lists all the equipment/supplies/furniture/teaching aid requirements and specifications.

  HFG presented the initial designs to the MOHFW, which appreciated the conceptual framework and the draft designs, and subsequently completed the final detailed report with Adolescent Friendly Health Resource Centers design outlays. In June 2018, HFG convened a meeting with the Mission and the Adolescent Technical Support Unit under the MOHFW to share the detailed design frameworks. HFG submitted the final report to the MOHFW in late June 2018, and held a dissemination event in July 2018. HFG discussed the transition plan with USAID and the Technical Support Unit, and the latter agreed to support piloting of the resource center designs in selected districts in consultation with the ministry.

- **Capacity building for FP supply chain management:** HFG's third Y6 activity was supporting capacity building for FP supply chain management through the operationalization of the ICT-based Family Planning Logistics Management Information System (FP-LMIS) in four states: Jharkhand, Chhattisgarh, Madhya Pradesh, and Assam. HFG deployed logistics management experts in each state to review existing logistics and supply systems; strengthen recording, reporting, and data entry for FP commodities; and develop improved inventory management systems. In Q1, HFG reviewed more than 260 applications, conducted 32 interviews, and hired seven consultants. During Q2, HFG hired an additional consultant for Assam. HFG and the MOHFW jointly conducted an orientation and training workshop in New Delhi in January 2018 to train HFG's FP-LMIS project officers.

  The eight project officers worked in the four states to build the capacity of public health workers at different levels on using the FP-LMIS software throughout Q2 and Q3. By June 2018 the HFG team had already helped train more than 2,129 health workers on the web- and mobile SMS-based applications of FP-LMIS. All four state warehouses completed ground stock entries. In Assam and Madhya Pradesh, all the district warehouses also completed ground stock entry and started indenting using the web-based software in Q3. HFG convened a meeting with IPE Global on March 20, 2018, along with USAID mission officials, to discuss the transition and handover process. IPE Global, under the USAID VRIDDHI project, recruited the FP-LMIS project officer consultants for continuing TA for FP-LMIS in the four states from July 1, 2018, onwards.

- **Assessment of TB diagnostic networks in the public and private sectors in India:** As a major achievement during Q1, HFG India supported the TB Diagnostic Network assessment exercise. The joint assessment brought together globally renowned international and domestic laboratory, diagnostic network, and TB program experts. The launch of the joint assessment was held in New Delhi on October 30, 2017. The assessment team, comprising 32 national and 18 international experts, conducted field visits to diagnostic facilities in six states across the country to assess current practices and algorithms. Organized into 17 sub-teams, the TB experts visited a total of 89 laboratories, including national reference laboratories, intermediate reference laboratories, CBNAAT sites, and designated microscopy centers. The assessment teams shared their findings at the debriefing meeting organized in New Delhi on November 10, 2017, which saw participation from senior government of India functionaries and USAID leadership. Based on their findings, the team also presented evidence-based, results-oriented recommendations that could be operationalized to strengthen the country's laboratory/diagnostic network for TB. Overall, the assessment found the national TB program to be on the right track, especially with regard to infrastructure and equipment, but pointed to the need to strengthen human resources and biosafety elements, improve private sector engagement, and develop state-specific performance improvement plans. HFG continued processing activity invoices and payments as they were received during Q2. In Q3, the assessment team completed a report, which was approved by the government. HFG completed the designing and formatting of the report and shared the final version with the mission.
- **Continuing Year 5 Activities –** Progress on HFG's continuing Year 5 activities is briefly described below.
  - HFG resource center-FP studies**:** HFG engaged Avenir Health to conduct the following subtasks under this activity:
  - The study to explore the FP care-seeking behavior among unmarried and married adolescents was completed, and findings were shared during the Indian Association of the Study of Population conference at Visakhapatnam during Q1
  - A study to assess the factors responsible for high fertility in four states was completed and the findings were shared at a WHO IBP consortium regional meeting in Delhi on February 13, 2018
  - A study of the relationship between key FP variable National Family Health Survey (NFHS) 4 data was dependent on release of NFHS4 data, which happened in January 2018. The HFG and Avenir teams actively collaborated with the Population Council team to fine-tune the analysis and to reduce duplication of research work among all the technical partners. The first draft of a study to analyze trends in use of FP methods by adolescent/young adults groups and early parity groups using NFHS-4 data was prepared in Q2. In Q3, after extensive QA and final editing, the report was submitted to USAID.
  - Objectives of the study on communications channels for family planning methods in India using NFHS-4 data were refined in consultation with the Population Council and the mission in Q2. In Q3, a draft report was submitted and after extensive QA and final editing, the report was submitted to USAID.
  - On May 23, 2018, the three NFHS-4 study findings were disseminated at a multi-stakeholder consultative meeting organized in collaboration with the Population Council.

5.2.4 Indonesia

Program Objectives - Given a backdrop of declining donor resources in the health sector, increasing domestic resources, and the continued roll-out of national health insurance coverage, in Year 6 HFG continued to support USAID/Indonesia in strategically investing in HSS. This included assisting the Government of Indonesia to use IR to improve the implementation of national health insurance (JKN), supporting strategic purchasing analysis and reform, and supporting the Ministry of Health (MOH) in its efforts to institutionalize the production of Health Accounts data.

Year 6 Activities – HFG continued to support the Center for Health Policy and Management (CHPM) from the University of Gadjah Mada in implementing the **Implementation Research for Universal Health Coverage (IR for UHC) Activity** to support the Government of Indonesia to strengthen JKN. To ensure progress toward UHC in Indonesia, it is important to monitor and strengthen the operational processes of JKN, and to review policy decisions and clarify and strengthen roles and responsibilities. Indonesia's leaders need timely, accurate, and relevant information to allow them to take corrective measures that will enable them to achieve their goals for UHC. CHPM used the analysis after each cycle of implementation research to disseminate multiple policy briefs and other dissemination products to national and district stakeholders, sharing findings and recommending corrective actions and further research.

In Year 6, HFG also continued supporting the MOH's Health Financing Unit (PPJK) in institutionalizing **Health Accounts** production, dissemination, and use in collaboration with University of Indonesia's Center for Health Economics and Policy Studies (UI-CHEPS). In the past, Health Accounts estimations were led by UI-CHEPS with funding from DFAT and some technical support from WHO. HFG worked to build Health Accounts capacity within PPJK, and support them in finalizing the estimates for fiscal year 2015 and producing estimates for fiscal year 2016.

HFG continued supporting the Government of Indonesia, including the *Dewan Jaminan Sosial Nasional* (DJSN; National Social Security Council), in determining what strategic health purchasing options are available as a means of improving the efficiency and effectiveness of health service delivery. HFG's support has directly led to the development of a soon to be released (TBD – Oct 2018) Presidential Decree on improving strategic health purchasing. HFG's technical support for **Strategic Health Purchasing (SHP)** in Year 6 addressed purchasing for priority programs, specifically TB and maternal and newborn health (MNH). In collaboration with the World Bank, HFG supported the Government of Indonesia in reviewing health purchasing arrangements for TB and MNH, working closely with the MOH's TB and MNH units and in collaboration with local expert consultants. Part of this support included the establishment of TWGs for each priority area.

HFG provided technical support to the National Academy of Sciences of Indonesia (AIPI) in reviewing and summarizing the health systems literature, identifying gaps in the literature, and translating existing evidence into policy recommendations for improved MNH in Indonesia for the **Maternal Health Evidence Summit.** In addition, HFG supported USAID in evaluating the effectiveness of the October 2017 MNH Evidence Summit in Indonesia, and made recommendations for future MNH knowledge management efforts.

Year 6 Progress Against Objectives –

- **Indonesia IR on UHC.** Prior to Year 6, two cycles of IR were completed by HFG's implementing partner, CHPM. Through policy briefs and other methods, the results of cycle 1 and 2 were disseminated, with dissemination efforts continuing into Year 6 for cycle 2. At the beginning of Year 6 Quarter 1 (Y6Q1), CHPM worked with the USAID flagship bilateral projects covering HIV, TB, and MNCH bilateral programs to ensure the lessons learned and research recommendations were shared and incorporated into the implementation strategies. In October 2017 Dr. Dewi from CHPM

and Dr. LeRoy from HFG presented cycle 1 and preliminary cycle 2 findings to the HIV Linkages workshop in Jakarta. The workshop included HIV service organizations that advocate for men who have sex with men (MSM), injection drug users, pregnant women, and transgender individuals with HIV. The participants were very interested in learning more about JKN regulations to best serve their constituents and to understand what services are covered. They also raised concerns with some of the JKN regulations, such as the need to obtain an identity card in one's place of birth: some individuals with HIV are estranged from their villages, and many of those who are transgender are using a new name and identity. HFG also shared slides on findings related to TB through the cycle 2 deep-dive workshop in November, and shared these slides with USAID and the TB project for wider dissemination.

In Y6Q1 HFG also:

- Held a workshop for the UHC community of practice (October)
- Presented to the Health Benefits Policy Collaborative of the Joint Learning Network at its meeting in Seoul (December)
- Finalized the data analysis of cycle 2
- Held another deep-dive workshop in December, this one with district and national stakeholders (including the MOH, BPJS, and JKN officials) to review preliminary findings and recommendations from cycle 2 research

In Q2, CHPM turned its attention to analyzing and writing up the deep-dive workshop report from cycle 2, and a final report on the results from the individual districts and the cross-cutting themes that surfaced in multiple districts. CHPM also continued district dissemination meetings. On January 18, 2018 CHPM representatives visited Tapanuli Selatan, and on January 23, 2018, they visited Jakarta to report their findings. In April Dr. LeRoy traveled to Jogja to work with the CHPM team on the final analyses, report, and other deliverables. During this trip Dr. LeRoy met with USAID Project Officer Edhie Rahmat to discuss the dissemination plans and review the planned final deliverables.

In Q3 the CHPM team continued capturing policy changes that were enacted in the five districts as a result of or pertaining to the findings from the IR activity, and continued to finalize their final report from both cycles. They completed policy briefs for each of the five districts and a policy brief for national stakeholders, translated into English. CHPM also completed animated infographic videos for each of the priority programs (HIV, MNCH, and TB) that highlight findings from each. Also, the regulatory review assessing JKN implementation versus design was completed in Q3; this document was based on recommendations from stakeholders obtained during cycle 1 of the IR.

CHPM with HFG's support submitted three abstracts to the Global Symposium on Health Systems Research to present the work on IR for UHC in Indonesia, and one was accepted. Another abstract, titled "Challenges in Conducting Implementation Research Overseas," was accepted for a 20-minute paper presentation at The Qualitative Report's 10th Annual Conference (TQR2019), which will be held at Nova Southeastern University on January 16–18 2019. Finally in Q3, HFG developed a concept paper and began planning a USAID briefing on IR for UHC in Indonesia and Myanmar to take place in Q4.

In Q4, Rena Eichler, Lisa LeRoy, Alex Ergo and Zohra Basra presented on HFG's work in IR for UHC to USAID, highlighting the Indonesia and Myanmar case studies as comparative examples of applying implementation research to inform policy changes. The presentation was organized by USAID and took place on July 11, 2018 in Crystal City and was live-streamed for an online audience. The focus of the presentation was to review USAID's investment in IR for UHC since inception through HFG's final results in two very different contexts. There was good participation

from USAID staff in person and online. Questions and discussion from the audience focused on the successes, challenges, and lessons learned from the different partners and models used in the two countries. There was also discussion regarding the methods implemented, specifically about using implementation research methods instead of other approaches like quality improvement and rapid feedback evaluation.

In Q4, HFG, with CHPM, developed and submitted a manuscript outlining high-level lessons from the Activity to the *Journal of Global Health: Science and Practice,* as a field action report. In Q4 CHPM finalized the report, including methods and results from both cycles of research, which HFG substantively reviewed, edited, and readied for dissemination.

- **National Health Accounts.** Following HFG's support to the MOH in Y5 to produce 2015 Health Accounts results, PPJK asked HFG to provide technical assistance in (i) the production of 2016 Health Accounts; and (ii) development of communication products to support policy decisions on health financing. HFG's role is to provide this technical assistance to PPJK (who would like to build their capacity to lead these exercises in the future) in conjunction with the UI-CHEPS (who have produced at least four Health Accounts exercises in the past). PPJK would also like to strengthen its technical capacity to interpret and analyze the Health Accounts data effectively to ensure policymakers in and outside of the MOH use the results to inform policy and strategic plans. In Y5, HFG engaged six consultants, facilitated a Health Accounts training workshop for over 40 participants, provided technical assistance in the review of spending data and development of potential solutions to fill data gaps, and supported one expert from the UI in attending the Bangkok meeting on Health Accounts hosted by WHO.

  To continue these efforts, in Q1 of Y6, two HFG experts (Karishmah Bhuwanee and Tesfaye Ashagari) travelled to Indonesia to provide quality assurance for the 2015 Health Accounts tables, review the methodology for calculating out-of-pocket spending and disease distribution keys, and support the finalization of an outline for a methodology document and the development of a policy brief using 2015 Health Accounts results. In Q2, HFG provided technical feedback on the 2015 Health Accounts report and policy brief. HFG also helped revise the terms of reference for UI's new contracts for 2016 Health Accounts analysis. In Q3, HFG supported PPJK and UI-CHEPS in reviewing data gaps for 2016 Health Accounts, in an effort to improve the accuracy of spending data from the 2015 Health Accounts. Following a request for further support on developing a policy brief, HFG facilitated a story-boarding session to develop a policy brief on health prevention and promotion spending. HFG supported PPJK's efforts to strengthen District-level Health Accounts, by paying for PPJK staff to work with Health Accounts teams in seven pilot districts. In Q4, HFG travelled to Indonesia to help the HA team to review data gaps for the 2016 exercise and to review coding decisions. In particular, disease distribution keys and OOP estimation were reviewed to see whether and how they could be improved from the 2015 exercise. After the trip, HFG provided further feedback on the policy brief and the HA user guide. HFG also reviewed progress with HA institutionalization since HFG's support started, and insights and recommendations were submitted to PPJK.

- **Strategic purchasing.** In Y6Q1, HFG completed the regulatory review of strategic health purchasing functions within the JKN. The final report from this review was disseminated to HFG's lead counterpart, DJSN, which shared the findings with stakeholders at the MOH, the MOF, BPJS, and the National Development Planning Agency (Bappenas). The findings detailed how the MOH currently holds several core strategic purchasing functions, although in many other countries with well-functioning UHC schemes these are housed within the major purchasing agency. MOH responsibility for these functions was not authorized in the original national health insurance law, but due to historical norms the MOH has assumed these functions. To improve the MOF's ability to incorporate findings from the regulatory review into the presidential regulatory review process,

HFG drafted a series of talking points outlining the impact JKN had on total health expenditures, how strategic purchasing should be leveraged to improve spending efficiency, and the why the current purchasing practices are not aligned with current JKN health objectives. Additionally, HFG provided a series of talking points for BPJS that discussed the impact patient cost-sharing for C-sections would have on medically necessary and unnecessary C-section rates, as well as the global evidence patient cost-sharing has on health outcomes.

In Y6Q2, the HFG team completed all revisions to the report, and uploaded the finalized version of the deliverables to the on February 2, 2018. In addition, the team prepared a concept note to support the new TWG's process to promote strategic purchasing in priority programs. In order to properly support this activity, members of the strategic purchasing team travelled to Jakarta in February, to conduct informational interviews with local candidates for a strategic purchasing program coordinator position and a project lead. In Q3, the TWGs agreed to a rough scope that would focus their work. The TWGs' process would do the following over a 12–18 month period:

- ***Identify options for revised purchasing mechanisms that could achieve greater efficiency and quality improvements within TB and MNH programs.*** Based on the results of the commissioned analyses and stakeholder input, the TWG will identify options for improving purchasing arrangements and provider payment systems to achieve better service delivery outcomes for TB and MNH programs. The TWGs will also consider the financial and operational feasibility of these options, as well as the potential impacts on provider behavior. The TWGs would pilot this new provider payment model within a USAID priority region. The service delivery specific objectives for each TWG were as follows:
  - ***For TB services:*** Aim to reorient the system towards primary-level TB case-finding, diagnosis, and treatment, through (among other strategies) optimizing care-seeking and referral pathways between pharmacies, PHC facilities, and hospitals. Many purchasing mechanisms could be deliberated depending on the interest of the TWG, such as a bundled non-capitation payment for TB treatment, a fee-for-service TB payment for remote areas, or continuing with the status quo.
  - ***For MNH services:*** Aim to incentivize adherence to treatment guidelines during ANC visits, promote better-quality care and effective referrals during the delivery process, decrease provision of non-medically necessary C-sections, and promote high-quality care for newborns.
- ***Propose a routine monitoring system for TB and MNH purchasing arrangements and provider payment systems.*** The TWGs will identify a set of key monitoring indicators for TB and MNH strategic purchasing, tailored as appropriate to the subnational level, so that national and local government health planners can effectively monitor the consequences of purchasing arrangements and provider payment systems for the efficiency and quality of TB and MNH service delivery. The TWGs will also propose a data-sharing arrangement between BPJS and the MOH TB and MNH units that facilitates better monitoring of provider quality and regional health indicators for both programs.
- ***Oversee provider payment pilots.*** The TWGs will oversee any pilots of new payment systems for TB and MNH services that are spearheaded through other mechanisms by the Government of Indonesia or other funders. Participants for the MNH and TB technical working groups were agreed to through two workshops in April. The membership within the TWGs is broad, including multiple ministry units, the BPJS-K, the Ministry of Finance, DJSN, Association of District Health Offices (Adinkes), Coalition of Professional Medical Associations for TB, Ministry of Villages, Disadvantaged Region Development and Transmigration , Private Hospital Association, Bappenas, Ministry of Home Affairs, and others.

In Y6Q3, the HFG team scoped additional analytics that the TWG will commission. The TB TWG will primarily rely on analytics that have already been developed, and will include a quantitative analysis through JKN's billing system. The MNH TWG were presented with a series of analytic options, which will be used to define the relevant provider payment issues during a maternal episode of care:

- Mapping the purchasing arrangements for each component of the MNH care continuum:
  - ***What to buy***: What MNH infrastructure, services, commodities and equipment are being purchased? In what quality?
  - ***From whom to buy***: Which health workers and health facilities (public and private) currently deliver services?
  - ***How to buy***: What is the source of funding for each component? What is the purchasing/provider payment mechanism?
- Assessing how provider payment incentives affect MNH service delivery, and where current purchasing arrangements decrease MNH service quality

More specifically, these analytics would work to understand in more detail:

- How funds flow from central and subnational district budgets, development partners, private companies, and JKN to a prospective mother and their newborn for each component of a maternal and newborn care episode
  - For JKN enrollees, what are the existing provider payment arrangements at the hospital and primary levels for each component within the maternal and newborn care continuum?
- How MNH care providers respond to various financial incentives in their care decisions, and how purchasing arrangements influence how providers:
  - organize themselves into a contracting entity (group or solo practices)
  - make services available (facility location, staffing, and opening hours)
  - deliver care (including community outreach, adherence to clinical guidelines, referrals)
  - monitor their performance
- Across the maternal-newborn care continuum, how purchasing arrangements influence a woman's decision where to seek care including changing from one provider to another, from one level of care to another, or between public and private providers
- How new purchasing arrangements for MNH services could affect costs, patient and provider behaviors, and MNH outcomes

In Y6Q4, the HFG team finalized the technical working group process that will continue past the HFG close-out date, and finished recruitment for the local technical facilitation team. In addition, the technical facilitation team determined the scope of work for the TB and MNH working groups. For the MNH working group, the scope for the next year of engagement will be determining changes to the purchasing arrangements to enable:

- Improved adherence to MNH clinical guidelines, from confirmation of pregnancy through the six-week post-natal period
- Promotion of primary care level service delivery for most MNH services
- Encouraging medically indicated C-sections while discouraging non-medically indicated C-sections

- Improving the distribution, retention, and availability of competent MNH health workers in remote and rural areas

For each of these priority areas, the MNH working group isolated a series of key knowledge gaps that would inform each of these priority areas.

- ***Priority 1: Improve adherence to MNH clinical guidelines, from confirmation of pregnancy through the six-week post-natal period.***
  - A provider can invoice multiple payers for MNH services (such as JKN, Jampersal, and Jamkesda) and will often bill the payer that offers the highest provider payment rate. Each payer has different rules regarding the services included within the payment rate. However, there is a lack of clarity on whether the full suite of entitlements is being met under each of the different programs. **Further research should investigate mechanisms for improved provider monitoring throughout a maternal episode of care.**
  - The payment rates for certain INA-CBGs are not granular enough to account for the large variation in maternal risk. Providers who see higher-risk patients do not receive higher payment rates. **Further research should investigate how current purchasing arrangements for high-risk patients impact quality of care, patient cream-skimming (i.e. choosing patients based on characteristics other than their need for care), and provider stinting.**
  - The referral system requires that prospective mothers and newborns can only be referred to a facility one level higher or lower, even if the patient might require a referral to a much higher or lower referral tier. **Further research should investigate how to use strategic purchasing to incentivize providers and patients to refer or seek the right care at the right setting at the right time.**
  - Many general practitioners do not have the capacity to perform all the clinical services that should be included in the capitation payment. **Further research should investigate how to align practitioner competency with entitled services within the capitated disbursement.**
- **Priority 2: Promote primary care level service delivery for most MNH services**
  - Funding for promotive and preventive care for prospective mothers and newborns comes from fixed budget allocations from government and capitated payments from the JKN. Therefore, the funding amounts are usually not large enough to ensure adequate PHC provision for MNH services. **Further research should investigate how the magnitude of funding and the purchasing arrangements impact provision of MNH preventive and promotive care.**
  - Providers often do not understand which services prospective mothers and newborns are entitled to under the different program funding streams. Understanding which MNH entitlements are offered within Jampersal vs. JKN vs. central and district funds transfers are unclear. In addition, the health system should incentivizing providers to provide the right kind of care at the right time to the right patient regardless of the program the mother is enrolled in. **Further research should investigate how strategic purchasing can be leveraged to ensure that mothers can access the right kind of care irrespective of what program she is enrolled in or what funding stream she is connected to.**

- ***Priority 3: Improve competent MNH health worker distribution, retention, and availability in remote and rural areas***

  - The number of empaneled JKN enrollees in a given catchment area and the health facility's staffing ratio determine the total capitated payment budget for the facility. Remote and rural areas tend to be sparsely populated, leading to lower overall funding for the facility to ensure promotive and preventive MNH services are accessible. In addition, remote and rural areas have a limited ability to raise local revenue for social programs including health services. Limited financial resources in conjunction with quality of life challenges related to living in remote or rural areas make it difficult for facilities to attract sufficient numbers of qualified MNH workers. **Further research should investigate strategic purchasing options for increasing the ability of public and private facilities in rural and remote areas to attract competent MNH health workers.**

- ***Priority 4: Encourage medically indicated C-sections while discouraging non-medically indicated C-sections***

  - C-sections account for one of largest proportion of total health expenditures within JKN when measured by procedure. However, it is unclear what proportion of these C-sections are medically indicated. **Further research should investigate how strategic purchasing can be leveraged to lower the rate of non-medically indicated C-sections while increasing the rate of medically indicated C-sections.**

The work of the TB Technical Working Group was delayed due to a National TB Program (NTP) leadership restructuring in July 2018. Consequently, much of Q4 focused on orienting incoming NTP leadership on strategic health purchasing concepts, and how strategic purchasing can be used to improve TB service delivery. Over the months of July and August, the HFG team engaged with incoming NTP leadership on the following issues:

- Reviewed the strategic purchasing framework, the current TB purchasing arrangements, and how current behavioral and financial incentives impact service delivery outcomes for Indonesia's NTP and the financial sustainability of JKN
- Reviewed the proposed work plan, objectives, and outcomes for the TWG process and ensured they aligned with planned activities within PPJK, NTP, and BPJS-K

The final TB workshop launched the conversation on the type of options to be considered for new TB purchasing arrangements. These included:

- ***Options for improving what is bought for TB services:***
  - Ensure that **TB case managers** or the **integrating TB care into managed care structures** to improve communication and coordination between hospitals and PHC facilities is incorporated into the overall package for TB services. Case management would also improve down-referral of uncomplicated drug-sensitive TB, increase notification of cases, and address other administrative issues that can result in "missing" TB cases.
  - **Improve availability of, and create an output-based payment for, TB diagnostic tests** (e.g. smear, rapid tests/TCM, tuberculin skin tests for children) and drugs at the PHC level. Doing so could lower the likelihood of upward referrals and improve adherence to TB care and treatment guidelines.
  - Introduce purchasing reforms to **lower the reliance on donors for key TB program components** (e.g., rapid molecular tests and M/DR-TB treatment). Doing so will alleviate sustainability concerns regarding the imminent Global Fund phase out.

- ***Options for improving from whom TB services are bought:***
  - **Contract with providers who have strong connections** to other public and private health facilities. The inability to track patients between public and private hospitals, pharmacies or other types of commodity dispensaries leads to an inability to control TB quality of care delivery. Also, improve the contracting process so that providers have clear TB performance measures or benchmarks that must be adhered to throughout the life of the contract and during accreditation renewal periods.
  - **Alleviate the administrative burden of the contracting process** with JKN, while maintaining the integrity of current government provider oversight efforts.
- ***Options for improving how TB services are bought:***

- **MNH Evidence Summit.** The MNH Evidence Summit took place October 4–5, 2017, at the National Library of Indonesia. HFG provided extensive technical support to AIPI in preparation for the event and during it. Dr. Laurel Hatt was in Jakarta from September 23 through October 7 to support preparation and implementation efforts. Dr. Hatt was assigned to support the "Topic Area 3" group, which was responsible for synthesizing findings from systematic literature reviews on the effects of National Health Insurance (the JKN) on MNH in Indonesia. Dr. Hatt provided technical feedback on the Topic Area 3 report as well as other topic area reports, identified additional global literature and sources of data relevant to the topic, drafted and edited PowerPoint slides, prepared and reviewed policy recommendations, contributed to small-group discussions during the Summit itself, and also participated in several debriefing meetings with both AIPI and USAID to discuss lessons learned and next steps. She accompanied the Topic Area 3 team to a meeting with MOH officials to solicit feedback on the group's findings and recommendations. She prepared a detailed memo summarizing her feedback on the Evidence Summit process, and circulated this with USAID as well as the other external experts, who added their own commentary. In Q2, HFG was asked to assess the 2017 Indonesia MNH Evidence Summit process and summarize lessons learned to guide future activities for MNH knowledge management in Indonesia. In Q3, Dr. Hatt returned to Indonesia to conduct the assessment along with USAID's Dr. John Borrazzo. The assessment concluded that a broader, sustained approach to knowledge management for MNH evidence should be supported by the new USAID Jalin project, engaging actors beyond AIPI. While the Evidence Summit provided high-level visibility to the need for better evidence around reducing maternal and newborn mortality, it was extremely resource-intensive, and a comprehensive knowledge management function extends beyond the core mandate of AIPI.

Q4 Challenges –

- **Indonesia IR for UHC**: Final project reports and policy briefs that were translated from Bahasa to English required intensive editing as Bahasa is a highly contextual language and therefore challenging to translate directly. . Because of these challenges, HFG decided to write a summary two-page overview on the district briefs, and keep the originals in English, except for the national level policy brief on cycle 2.
- **Strategic Health Purchasing**: Robust capacity building is still necessary for the Family Health Unit (MOH) and NTP on health finance and strategic purchasing concepts. While HFG's continual capacity- building efforts have yielded well-informed MNH health financing analytics, a local team is necessary to continually support both working groups as they negotiate new purchasing arrangements for TB and MNH. Recruitment for a program lead and a program coordinator is finalized, and recruitment for a local health financing advisor will commence under World Bank funding.

HFG's counterparts within NTP were cycled out of the program in July. The impact that this will have on HFG's work should not be understated. As a consequence of the leadership restructuring, HFG needed to reintroduce basic health financing and strategic purchasing concepts to the new leadership team. The old NTP leadership supported the technical facilitation team in constructing and drafting a proposed 6–12-month work plan, with the intent that this document would be used by the Minister of Health to provide political space for the working group to create new purchasing arrangements for TB service delivery. New NTP leadership does not have any health financing training, and the HFG team needed to validate the overall technical working group approach before moving forward with negotiating new purchasing arrangements.

Table 38 provides activity-specific updates.

TABLE 38. INDONESIA ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Support Indonesian MOH in institutionalizing Health Accounts production, dissemination and use		
Provide technical assistance to PPJK for 2015 Health Accounts production, dissemination and use.	Provided final feedback for policy brief on health prevention and promotion, using 2015 HA results.	The 2015 results are ready but have been awaiting government validation since the beginning of the year. It is important for the HA to be validated so they can be disseminated and so stakeholders can use the data.
Provide technical oversight for the production of 2016 Health Accounts.	HFG travelled to Indonesia to review data gaps for the 2016 exercise, including for insurance, employers, NGOs and sub-national government spending. HFG also reviewed methodology for OOP spending and disease distribution keys, as well as reviewing the DHA results and how they could be used. HFG provided feedback on the HA User guide that documents Indonesia's methodology for producing HA. This document will serve as a useful reference for HA teams in the future. HFG summarized its observations with institutionalizing HA in Indonesia since 2016 and provided its recommendations to PPJK.	
Activity: Strategic Purchasing TA in Indonesia		
Launch Strategic Health Purchasing Technical Working Groups (TWG) for priority programs.	Both technical working groups were unofficially launched, with the HFG team providing all the technical inputs necessary for the MOH to announce the progress of the technical working group through a ministerial decree.	NTP went through a leadership restructuring, which caused delays in the TB work stream. While work has progressed, new NTP staff do not have health financing training. Further capacity-building activities are recommended for key strategic health purchasing concepts.
Scope analytics that will feed information into the MNH TWG, to be presented to the MNH TWG in July.	TWG validated the analyses, which will be researched under the follow-on funding for this work through the World Bank.	The World Bank contract has not been finalized, leaving our project coordinator without sustainable funding.

5.2.5 Vietnam

Program Objectives - Pursuant to the mandate of PEPFAR's COP17 and GVN's commitments, the overall strategic objective of HFG/Vietnam is to provide technical support to the Government of Vietnam in ensuring the sustainability of HIV/AIDS programs, with Social Health Insurance as the main financing agent.

PEPFAR has entered the crucial stages of transitioning out of funding Vietnam's direct service delivery for HIV/AIDS. To guide stakeholders through the rapid transformations required for a successful transition, the USG/Vietnam team has identified critical "Game Changers": time-bound objectives whose fulfilment will facilitate the Government of Vietnam's mobilization of increased domestic resources for HIV and enable it to take a leading role in the HIV/AIDS response.

Year 6 Activities –

- ***Activity 1. Provide TA to MOH.*** Vietnam Administration of HIV/AIDS Control (VAAC) and Vietnam Social Security (VSS) and provinces in the integration of OPCs and eligibility for reimbursement by the Social Health Insurance fund; transition patients in selected PEPFAR provinces to the SHI system. Critical to achieving an orderly transition of HIV/AIDS service delivery to the GVN, the integration of OPCs into the Vietnamese health system is also a key activity in HFG's portfolio. HFG has provided technical support to the MOH and DOHs of Hanoi, Hai Phong, Ho Chi Minh City, Can Tho, Thai Binh and Hoa Binh provinces to define and meet the requirements of the integration process and implement its initial steps. At the national level, HFG provided technical support to VAAC/MOH in developing a comprehensive mapping tool for monitoring and evaluation of the integration progress in all 63 provinces. HFG has used this tool to guide all its interventions within its nine assigned provinces. The VAAC has used the tool to conduct a mapping exercise of all OPCs and their integration status, assisting several OPCs in implementing their integration plan as well. To date, 83 sites in HFG's assigned provinces have signed contracts with VSS and 50 of these have started to provide HIV/AIDS services through SHI. However, the pace and extent of the progress in HFG's nine provinces has not been consistent. Several challenges remain before all facilities can sign contracts with the SHI fund and a critical mass of patients can be transferred under the care of the SHI network. For example, in Hanoi, 17 facilities have signed VSS contracts but only six of these have begun service delivery or reimbursement under SHI. In Ho Chi Minh City, the integration progress of district health centers has slowed due to complex requirements of reorganizing them from preventive medicine centers to two- function district health centers with both preventive and curative functions.

  These are the problems that have existed since last year. While some problems have been addressed and resulted in the success of the integration, as in Can Tho, Thai Binh, Ninh Binh, Hoa Binh, and Hai Phong, they are still present in the rest of provinces. The approach that HFG used last year is still valid and applicable for the remaining provinces. Technical assistance focus for each level and each province is detailed in the following sub-activities.

  Central level

  - HFG provides advice and technical support to keep the Integration of OPCs at the forefront of MOH's agenda.
  - HFG provides TA to VAAC for the effective monitoring of OPC integration and improving data quality.

Provincial level and facility level

- HFG will continue to help coordinate the integration process and the transition of patients across all PEPFAR facilities in the nine assigned provinces.
- HFG will maintain and increase technical assistance to HFG-assigned provinces to assist DOHs to improve SHI reimbursement for HIV/AIDS services and overcome the barriers preventing OPC integration.
- HFG will provide technical support through the VAAC to the DOH for the planning of HIV patients 'decentralization within the SHI network.

- ***Activity 2. Provide technical assistance to GVN to ensure effective and efficient domestic procurement and financing of ARV drugs.*** One of HFG's primary objectives is to assist the Government of Vietnam to ensure sustainable financing for HIV/AIDS. Accordingly, during the past year HFG provided technical support to the MOH (VAAC and related departments), VSS, the MOF, and other stakeholders to complete the following:

  - The Prime Minister approved Decision No. 2188 /QD-TTg, dated November 15, 2016, regulating the payment of ARV under national centralized procurement using the SHI fund, and the support for PLHIV to enroll in SHI.
  - Circular No. 28/TT-BYT, dated June 29, 2017, "Regulating the administration of ARVs under national centralized procurement using Health Insurance Fund and the support for ARV co-payment for insured PLHIV," is a very important step in implementing the Decision No. 2188 /QD-TTg. With this circular, ARV drugs will be paid by the SHI Fund, and ARV users are financially protected to continue treatment when provincial authorities take responsibility for allocating the local budget to support ARV co-payment.
  - Issued the guideline and official letter No.1024/BYT-AIDS, dated March 07, 2017, signed by the Vice Minister of Health, guiding the procedure of liquidation and reporting of ARV funded by the state budget and different sources.

  From these accumulated results and based on the requests from key stakeholders, HFG will advise the MOH/VAAC and VSS, focusing on the following tasks:

  - Provide technical support to MOH/VAAC to implement the procurement of ARVs through national tendering mechanisms.
  - Provide technical support for the development of the reimbursement mechanism between VSS and drug suppliers.
  - Provide technical support to the MOH to develop and implement procedures for monitoring the transition process from donor-supported supply chain initiatives to GVN-operated ARV procurement.
  - Provide technical support to MOH/VAAC in developing the process for financial aid (including premium and co-payment subsidies) for PLHIV receiving ART at public facilities.
  - Integrate ARV quantification and management into software on centralized bidding and procurement of VSS.

- ***Activity 3. Provide TA to MOH for the inclusion of appropriate preventive HIV services paid by Health Insurance and other relevant sources including national budget, local resources, private sectors, etc. Provide evidence and policy advocacy to Office of Government and National Assembly to support the concept of including preventive services in SHI fund and increasing domestic resources for HIV prevention services from other sources.*** Under the current Law on Health Insurance, only curative services are covered; preventive services are prohibited from being covered. The current preventive health activities mainly depend on the fund from the National Targeted Program on Health, but the budget for this program has been cut by more than 50 percent. Prevention is a critically important part of the overall HIV/AIDS response. Bringing preventive services into the ambit of SHI and funding from other domestic resources, including the national budget, provincial budget, and the private sector, would enhance the transition from donor funding. To support this effort, HFG will carry out the following tasks:
  - Provide TA to VAAC on development of a standard package of HIV prevention services.
  - Develop cost estimates of the agreed package of preventive services.
  - Conduct Return on Investment analysis.
  - Advocate for inclusion of the preventive service package in the revision of the Law on Health Insurance, and mobilize domestic resources for the HIV prevention package.
- ***Activity 4. Provide technical support to VAAC and VSS at central level to agree on a common health information system that meets the data and reporting needs to manage the SHI and HIV/AIDS program, including projection of resources needed, procurement of ARVs, and patient management.*** Vietnam Social Security is in the process of updating its database systems to better capture and report on input data received from Provincial Social Security offices throughout the country. The reports are used to reimburse health facilities and are eventually consolidated in high-level reports at the national level, and can be used for different purposes including patient management, ARV quantification and reporting. HFG proposes to connect such work with Provincial and national Social Security systems to retain the information related to HIV service claims and reimbursements. As a result of technical discussions with VSS, HFG proposes to assist the agency in adapting and, if needed, modifying, the Health Information System at the provincial level, to ensure that the information related to HIV claims and reimbursements is properly recorded, stored, and shared.
  - Integrate ARVs into VSS's claim evaluation system, and build the capacity of VSS and PSS to evaluate claims and process reimbursements related to HIV services, to ensure the integration of ARVs management and use monitoring into the monitoring system of VSS.
  - Continue the ongoing technical support to Vietnam Social Security to complete the Projection Model for SHI, inclusive of HIV program projection model.
  - Monitor the gaps in HIV treatment and the contribution from the SHI fund for HIV services.
- ***Activity 5. Technical support to MOH, DOH and CBOs to increase SHI coverage for PLHIV.*** Decision 2188 of November 2016 stated that provincial funding should be used to provide free SHI cards for all PLHIV. Implementation has so far varied from province to province. A few provinces allocated one-year funding to buy SHI cards for PLHIV; these include Thai Binh, Hoa Binh, and Hai Phong. But the long-term commitment of funding allocation is uncertain. It is still a challenge to reach the target of 100 percent PLHIV enrolled in the SHI scheme, for the following reasons:
  - Some patients do not have identity papers, have an ID mismatch, or are mobile people and have no permanent residence in the provinces where they are living and receiving HIV/AIDS care and treatment.

- Many provinces are experiencing difficulties reaching PLHIV in communities who are not yet on ARV treatment.
- Some PLHIV may not have adequate understanding about SHI and the advantages of enrollment in SHI.
- Stigma and discrimination in the communities remain major problems, and many PLHIV are concerned about their confidentiality when enrolling and using SHI.

While no one organization or project could tackle all these factors, and acknowledging the responsibilities of the GVN in strengthening their SHI enrollment efforts towards PLHIV, HFG proposes the following tasks to contribute to the improvement of perceptions of PLHIV towards SHI and thus contribute to increased enrollment in and use of SHI:

- Technical support to Department of Health Insurance (DHI)/MOH in the replacement of Circular 15/2015/TT-BYT, dated June 26, 2015, guiding the implementation of HIV/AIDS examination and treatment through SHI
- Technical support for expansion of SHI coverage among PLHIV in selected provinces
- 3. Capacity building to increase of SHI coverage via trainings and communication activities

- **Activity 6. Technical support to VAAC to design a pilot model for funding ARV co-payment for PLHIV pursuant to Article 6 of Circular 28 – 28 June 2017.** One of Development Partners' key objectives in Vietnam is to ensure continued care and treatment for PLHIV that is sustainably financed by domestic resources for years to come. This objective is to be achieved primarily by leveraging the SHI fund of Vietnam to finance the purchase and distribution of life-saving ART, as donors such as PEPFAR and the Global Fund transition away from direct service delivery. Decision 2188/QÄ□-TTg, and subsequently Circular 28/2017/TT-BYT, have defined much of the legal basis necessary for the operationalization of domestic funding for ARV. According to the Law on Health Insurance, only SHI members officially identified as "poor" are fully exempt from making copayments for SHI-covered services, while near-poor members must make a 5 percent copayment and all others not in specified subsidized groups must pay 20 percent of the cost of care received. While the subsidies would protect an estimated 26 percent of economically disadvantaged PLHIV on treatment, HFG estimates that a large number of patients, especially among people who use drugs and other key populations, although not officially poor, would face some level of economic hardship when confronted with a lifetime of payments for the care of their condition. This hardship will certainly affect care-seeking behavior and negatively impact treatment retention and adherence. Moreover, as PEPFAR and the Global Fund transition out of Direct Service Delivery, there will still be PLHIV receiving free-of-charge treatment, while others are arbitrarily obligated to pay for their care. This represents an untenably inequitable situation that needs addressing in the immediate term.

  Decision No 1125/QÄ□-TTg, dated July 31, 2017, mandates the reimbursement of ARVs from SHI starting from the year 2019. This represents a delay in previously announced plans to begin SHI coverage of ARVs in January 2018. However, the new timeline allows VAAC and Partners to design and test a mechanism for providing financial support to PLHIV in the form of co-payment subsidies, to be fully rolled out once ARVs will be reimbursable in the SHI network of clinics beginning in January 2019.

As of end of 2017 there were two major sources of funding available for co-payment subsidies for PLHIV:

- From the Government of Vietnam (amount undefined), as described in Circular 28/2017/TT-BYT, article 6, where two specific alternatives were identified as potentially useful for financing ARV-related copayments:
  - The health examination/treatment fund for the poor or HIV/AIDS fund
  - Health facilities' local budgets, pending approval of DOH
- From the Global Fund's Catalytic Fund allocation for Vietnam (approx. $3.1 million)

The VAAC has proposed to the Global Fund a plan for use of the Catalytic Fund in 32 provinces to support PLHIV in paying for SHI Premiums and ARV copayments according to the following schedule:

Phase 1– In the year 2018:

- The VAAC/GF catalytic project will support SHI premiums for PLWA in GF provinces not yet enrolled in SHI for the years 2018 and 2019. This will complement the contributions of the local authorities.

Phase 2 – In the year 2019:

- The VAAC/GF project will support SHI premiums for non-enrolled patients in GF provinces for their enrolment in the year 2020.
- The VAAC/GF project will support ARV co-payments in GF provinces for ART services, to incentivize PLWA adherence and retention.

Phase 3 – In the year 2020:

- The VAAC/GF project will exclusively support for ARV co-payments in GF provinces and document the results achieved in terms of impact on treatment access and retention over the three years.

As for the GVN source of potential subsidies, the language in the circular is clear in its intent but it does not provide detailed instructions for budgeting, pooling, allocating and disbursing the subsidies, and it does not specify consequences for noncompliance, or clear deadlines for implementation. Moreover, the circular does not mention, or take into account, the potential availability of the Global Fund's Catalytic Funding for HIV that has been proposed for Vietnam for the next three-year HIV grant.

HFG proposes to work with VAAC during 2018 to support them in submitting a successful proposal to use their Catalytic Fund allocation for premiums and copayments subsidies in 2018, 2019, and 2020. Concurrently, HFG will support VAAC in the design and pilot-testing of the details of the subsidy scheme that will allow for direct support of PLHIV in need of financial aid to obtain HIV treatment free of charge in SHI-covered facilities. The pilot will serve as a demonstration of a practical model for the implementation of Article 6/Circular 28, and the flow of funds will be based on legally available paths as proposed by VAAC in their Catalytic Fund Operational Plan: one path for all funding. HFG proposes to work in four pilot provinces – tentatively Hanoi, Dong Nai, Tay Ninh, and Tien Giang. In those provinces, HFG and VAAC will work together to define and validate the details of a model where both local funds and the GF Catalytic Funds could be combined to subsidize premiums and co-payments for PLHIV. To avoid fungibility issues, the Catalytic Funds, or any other prospective donor funds, will not be used to substitute for available provincial funds but would instead be employed to supplement local funding.

Below are the main tasks planned for development of the pilot, associated with milestones in the delivery of a fully fledged model for VAAC to implement and manage:

- Support VAAC in preparing and submitting a successful proposal to the Global Fund for use of the Catalytic Fund's allocation for premium and copayment subsidies for 2018–2020.
- Support VAAC in validating and testing the proposed funding flow of local and external funds for payment of premium and co-payment subsidies to PLHIV in four pilot provinces.
- Design an evaluation of the subsidy model to be implemented in 2019.

- ***Activity 7. Closeout and transition activities.*** Based on official mission communications, remaining funding, and closeout average burn rate, we estimate the site office to close on or about September 30, 2018. This is dependent as well on whether USAID decides to fund continuation of HFG's activities beyond September 30, 2018 under another mechanism. Specific transition planning will also depend on USAID's decision whether to continue the HFG activities. In any event, as already stated, the HFG/Vietnam project is committed to continuing its technical work through September 30, 2018. Closeout and transition will involve the following tasks:
  - F&A close-out
  - Technical closeout and transition include key elements of the ARV procurement, supply chain, quantification, and liquidation process; a better integrated information system to monitor ARV procurement, financing, distribution, and resupply; and a projection model for estimating revenues and expenditures of the SHI fund overall, including a separate model for HIV/AIDS services, National Health Accounts (NHA), Provincial Health Accounts (PHA), and HIV/AIDS Analysis yearly.
  - End-of-project products include impact assessment of OPC integration and other end-of-project communications activities.

Year 6 Progress Against Objectives – In Y6Q4 (July–September 2018), most USAID/HFG Vietnam work focused on the central level and on nine HFG-assigned transition provinces for the implementation of HIV services paid by the SHI fund. This work included:

- The resolution of accreditation issues with HIV/AIDS treatment facilities unable to contract with the VSS; and of issues involving eligibility for reimbursement by the SHI fund in nine HFG-supported provinces, including six PEPFAR-supported provinces (Hanoi, HCMC, Hai Phong, Can Tho, Hoa Binh, Thai Binh) and three Global Fund-supported provinces (Dong Nai, Ninh Binh, Phu Tho), and coordination between the integration process and the transition of patients across all PEPFAR facilities in the nine assigned provinces to the SHI system
- Ensuring effective and efficient domestic procurement and financing of ARV drugs from the SHI fund
- Health Information System (HIS) strengthening
- Development of the SHI projection model, overall and for HIV services
- Increased PLHIV enrollment in health insurance
- Designing and piloting a model for funding an ARV co-payment subsidy for PLHIV enrolled in the SHI scheme when they receive ARV paid for by the SHI fund

In Y6Q4, the USAID/HFG-Vietnam team achieved some key results as outlined below:

Integration of HIV/AIDS treatment facilities for health insurance reimbursement eligibility

Direct technical support to provinces:

- In collaboration with key MOH departments including the Department of Planning and Finance, VAAC, Department of Health Insurance, and Medical Services Administration, along with VSS as the administrator of the SHI fund, the HFG team in Vietnam continued to provide TA to nine provinces (Hanoi, HCMC, Can Tho, Hai Phong, Hoa Binh, Thai Binh, Ninh Binh, Phu Tho, and Dong Nai) with the standardized integration plans that had been approved by DOHs.
- HFG and key MOH departments continued to conduct supportive supervision activities at the provincial and health facility level in HFG-assigned provinces to implement the integration plan; responded to policy and technical issues; and discussed solutions for speeding up the integration process.
- HFG provided intensive TA support for the DOH, PAC, and health facilities, especially District Health Centers (DHCs) in HCMC, Hanoi and Dong Nai, on the integration process.
- By the end of July 2018, 96/118 HIV/AIDS treatment facilities had amended their SHI contracts for HIV/AIDS, accounting for 81 percent; and 84/118 (73 percent) health facilities had reached Phase 2 of integration, meaning that they had started to provide HIV/AIDS services through SHI and were receiving reimbursement. These include 14 sites in Hanoi, 13 sites in Hai Phong, five in Hoa Binh, nine in Thai Binh, 22 in HCMC, six in Can Tho, eight in Ninh Binh, three in Phi Tho, and six in Dong Nai. There were a total of 14,463 PLHIV (71 percent) experiencing successful SHI reimbursement for their HIV related services at facilities receiving reimbursement through SHI (see table immediately below).

ACHIEVEMENTS BY JULY 2018

Provinces	Total Sites*	Patients on ART	Results		
			SHI contracts – total sites	Service provision and SHI reimbursement	Patients reimbursed by SHI fund at facilities receiving reimbursement through SHI
Ha Noi	18	8,071	18 (100%)	14 (78%)	3,274 (55%)
Hai Phong	14	4,624	14 (100%)	13 (93%)	1,768 (63%)
Hoa Binh	5	889	5 (100%)	5 (100%)	870 (98%)
Thai Binh	9	1,207	9 (100%)	9 (100%)	264 (24%)
HCMC	45	32,485	25 (56%)	22 (49%)	3,205 (74%)
Can Tho	6	2,571	6 (100%)	6 (100%)	2,208 (95%)
Ninh Binh	9	1,053	9 (100%)	8 (89%)	758 (84%)
Phi Tho	4	1,147	4 (100%)	3 (75%)	753 (95%)
Dong Nai	8	3,001	6 (75%)	6 (75%)	1,363 (94%)
Total	118	55,050	96 (81%)	86 (73%)	14,463 (71%)

*Excludes central and army hospitals, prisons, and education centers.

- Technical support to MOH:
  - HFG continued to support the VAAC in monitoring and tracking the integration progress in all 63 provinces, using the integration mapping tool (IMT).

- **Ensuring effective and efficient domestic procurement and financing of ARV drugs from the SHI fund**. USAID/HFG collaborated with the VAAC/MOH, VSS, and the Procurement and Supply Management (PSM) Project in the development of models of centralized procurement and reimbursement of ARVs through the SHI fund.
  - HFG supported the VAAC/MOH in revising Circular #28, which regulates the administration of ARVs under a national centralized procurement using the SHI fund, and the support for ARV co-payment for insured PLHIV. The revised circular (No 08/2018/TT-BYT) dated April 18 was signed by the MOH's Vice Minister.
  - HFG worked with the CPU to follow up the progress of the first national centralized bidding for ARV procurement using the SHI fund and the centralized ARV bidding using the GVN budget, both conducted by CPU.

- **Inclusion of appropriate preventive HIV services paid for by SHI and other relevant sources**
  - HFG provided consultancy to the MOH/Department of Health Insurance (MOH/DHI) on review and revision of the SHI Law, and advocated for the inclusion of the HIV preventive service package in the revision of the Law on Health Insurance, and mobilization of domestic resources for the HIV prevention package.
  - HIV/AIDS prevention services were agreed upon by the VAAC and MOH.
  - During the quarter, HFG's health financing experts from Results for Development (R4D) had a TDY in Vietnam to support the government's efforts to sustain momentum for public financing of HIV prevention services and potential future coverage of preventive services under SHI. R4D helped to conduct an international review of economic benefits of HIV prevention interventions, and the costing exercise for selected HIV prevention interventions.
  - HFG supported the MOH/DHI in organizing the SHI regional workshop on policy orientation for the SHI Law amendment on August 28, 2018, in HCMC, for the Southern provinces.

- **Health Information System strengthening**
  - HFG collaborated, and reached consensus, with the northern multi-line reimbursement center/VSS on the activities to integrate ARVs into the VSS's system, to prepare for the reimbursement of ARV procured centrally from the SHI fund starting from January 2019. The database system for the management of ARV users has been designed to prepare for the reimbursement of ARV from the SHI fund in 2019.
  - HFG's international consultant had a mission in Vietnam to (1) train VAAC staff on the HIV liability projection model and hand over the model to the VAAC, (2) hand over the Full SHI Projection Model to VSS, and (3) support the development of the software for SHI projection.
  - HFG continued to work with the VAAC and VSS to develop the national dashboard with web-based data entry of indicators of HIV care and treatment, OPC integration, SHI coverage, and SHI reimbursements. HFG collected all existing data on OPC integration, SHI coverage, SHI reimbursement, and ARV quantification of 63 provinces from several sources within the VAAC and VSS to populate the dashboard.

- **Increasing PLHIV's SHI enrollment**
  - The Provincial People's Committee of 8 out of 9 HFG-supported provinces – including Hai Phong, Hoa Binh, Can Tho, Ninh Binh, Thai Binh, Hanoi, HCMC, and Dong Nai – have already committed to allocate local funds to support 100 percent SHI coverage for PLHIV. Of these, HCMC and Dong Nai also committed to support for copayments for ARV.
  - Additionally, 74 percent of ART patients in the 9 HFG-supported provinces have enrolled in SHI (compared with the target of 80 percent).
  - During FY2017, HFG conducted a series of training and communication activities to help increase SHI coverage among PLHIV in HFG-supported provinces:
    - 10 training courses for health workers and CBOs on counseling skills on SHI enrolment
    - 6 posts with SHI-related information on *Xomcauvong* (Facebook) page in collaboration with Healthy Market/PATH
    - 1 HFG video clip on "Ensuring sustainable financial sources for ARV access and moving towards the target of 100 percent PLHIV having SHI cards"; together with 1 news broadcast on VTV1 News, the national television of Vietnam
    - Supported Thai Binh PAC in designing leaflet and communication programs focusing on benefits of ARV treatment and SHI to encourage the enrollment of PLHIV in community in SHI and ARV treatment
- **Designing and piloting SHI premium and ARV Copayment Subsidy Model**
  - HFG supported Tay Ninh and Tien Giang DOH and PAC in conducting an advocacy and consultation workshop on the plan for SHI premium and ARV co-payment subsidies for PLHIV in the two provinces.
  - HFG also supported VAAC in its efforts to organize a consultation workshop on the guideline on the process of budgeting and reimbursement of SHI premium and ARV copayment subsidies for PLHIV in HCMC.

Q4 Challenges –

- As the DOHs in the assigned provinces went through the integration process outlined and supported by HFG starting in 2016, the fact that PEPFAR and the Global Fund still supported free-of-charge ART did not motivate health facilities or patients to transition to SHI. The prolonged donor-funded and additional national budget, which funded ART till the end of 2018 by PEPFAR and till 2020 by the Global Fund, has lessened the urgency of SHI transition.
- SHI reimbursements for HIV/AIDS examination and treatment have started at most integrated HIV/AIDS treatment facilities, but not at the same pace. While some health facilities consistently claimed HIV/AIDS services through SHI, such as consultation fees and monitoring tests, some other facilities were still fully covered by donor programs and therefore did not feel the need to submit SHI claims.
- According to the Prime Minister's Decision No 2188, People's Committees of the central cities/provinces were to be responsible for allocating funding to provide SHI cards for all PLHIV. However, this practice may vary from province to province, contingent upon provincial action. Only a few provinces allocated short-term funding to buy SHI cards for PLHIV, and the long-term commitment of funding allocation is uncertain.
- It was a challenge to reach the target of 100 percent PLHIV enrolled in the SHI scheme, because some percentage of patients did not have identity papers, had an ID mismatch, or had no permanent

residence in the provinces where they were living and receiving HIV/AIDS care and treatment. Some PLHIV in the community were not currently on ART at health facilities. These people were mobile and/or working far away from home, and therefore impossible to reach to get them into the SHI program.

- Consistency in the health information system for the HIV program management was still challenging, since there has not been an agreed solutions and direction from the VAAC/MOH on how to harmonize the current different types of HIS software for the HIV program in Vietnam with the support from different sources in order to have one single consistent system for the management of HIV program. This would lead to challenges in the future, when the SHI fund pays for ARVs and VSS will have to manage the use of ARVs from the SHI fund to avoid duplication in dispensing drugs and for the management supply chain. The mutual agreement on the management and information sharing mechanism at a higher level between VAAC/MOH and VSS is very essential.

Table 39 provides additional activity-specific updates.

TABLE 39. VIETNAM ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Provide TA to MOH/VAAC and VSS and provinces in the integration of OPCs and eligibility for reimbursement by the Social Health Insurance fund; transition patients in selected PEPFAR provinces to the SHI system		
HFG will continue to provide advice and technical support to keep the Integration of OPCs at the forefront of the MOHâ€™s agenda.	HFG has supported MOH/VAAC in guiding and regulating the integration OPCs in the nine assigned provinces and at the national level. HFG assisted the VAAC/MOH to monitor the integration progress in 63 provinces using the IMT. To date, 73% of HIV treatment facilities (and 74% of PEPFAR facilities) are fully integrated (have signed SHI contracts, and get reimbursement from the SHI fund). Among the ART patients with SHI cards, 71% of them were reimbursed by SHI.	• OPCs based at PACs and single-function DHCs require many administrative and structural changes to be eligible for SHI contracts and reimbursement. Also, health authorities, health service providers, and patients do not see the urgency of transitioning, as donor programs (PEPFAR and Global Fund) still offer services free of charge (ARV, VL, monitoring tests). HFG will continue to provide technical support in order to help all HIV treatment facilities fully integrate, especially in HCMC, where 24/45 HIV treatment facilities are based in single-function DHCs. • This activity will be continued in the next project called USAID Sustainable Financing for HIV Activity (SFHA).
HFG will continue to provide TA to VAAC for the effective monitoring of OPC integration and improving data quality.	HFG continued to assist the VAAC/MOH to monitor the integration progress in 63 provinces using the IMT. All 63 PACs will provide monthly integration reports from to VAAC on the provincial integration progress. HFG has worked with the VSS Multi-line reimbursement center to track the SHI-reimbursed amount of money for HIV and AIDS services. The number of people receiving HIV and AIDS-related services/reimbursement through SHI has been included in the mapping tool to monitor service provision and reimbursement.	• The integration monitoring tool will be integrated into a dashboard to track data on the HIV situation, SHI coverage, OPC integration, use of services, and the contribution of the SHI fund for HIV services. • This activity will be continued in the SFHA.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
HFG will continue to help coordinate the integration process and the transition of patients across all PEPFAR facilities in the nine assigned provinces.	**HCMC:** HFG continued to provide intensive TA support to the DOH, PAC, and 24 DHCs in HCMC on an integration process. Among 24 DHCs setting up their polyclinics in order to directly sign SHI contracts with PSS: • 24/24 DHCs have been granted medical operational permits for polyclinics and HIV and AIDS specialized clinics. • 12 DHCs have chosen to be contracted through district hospitals; the other 12 will have their own SHI contracts. • Go Vap started SHI reimbursement in March, 2018. • Tan Phu got the VSS code in June and is now preparing for SHI reimbursement. • District 8, District 1, District 6, and Phu Nhuan's codes are being processed by VSS à HFG will follow up with VSS. **Hanoi**: HFG provided TA support to Hanoi Preventive Medicine Center in supervising SHI reimbursement for HIV/AIDS and preparing the report to DOH. To date, three health facilities based in DHCs have not yet received SHI reimbursement, and the ninth hospital is financed by GVN, so there is no reason for SHI reimbursement yet. However, the ninth hospital will come under SHI for ARVs in January 2019. **Dong Nai:** In Dong Nai, 6/8 health facilities signed SHI contracts and now get reimbursement from SHI fund. During Q4, HFG provided intensive technical supports to Dong Nai DOH's two health facilities (PAC and Long Khanh DHC) in order to help them achieve full SHI integration by September 30.	**HCMC:** HFG plans to support a high-level discussion between VAAC and the HCMC DOH and PSS on integration during September 2018. Issue that might affect the integration schedule: PAC is expected to be merged into a CDC by the end of 2018; staff will be reduced. Hanoi: Follow up with DOH on actions for the three facilities based in the DHC and the nine hospitals, in order to get them fully integrated. Dong Nai: DOH will continue to intensively support PAC and Long Khanh DHC in fulfilling many requirements for SHI contracting. An action plan, with many procedures and steps, was made for the two health facilities to fulfill in the coming months.
Maintain and increase technical assistance to HFG-assigned provinces to assist DOHs to improve SHI reimbursement for HIV/AIDS services and overcome the barriers preventing OPC integration.	During Q4, HFG provided TA trips to the following provinces: • Hanoi with 5 TA visits, Dong Nai with 2 TA visits, Tay Ninh with 2 TA visits, and Tien Giang with 2 TA visits on SHI premiums and copayment subsidies. • Hoa Binh with 3 TA visits, Hai Phong with 3 TA visits, Ninh Binh with 1 TA visit, Phu Tho with 3 TA visits, Dong Naiwith 5 TA visits, and Can Tho with 3 TA visits on OPC integration.	HFG will continue to focus on Hanoi, HCMC, and Dong Nai via province-based consultants and coordinators combined with the HFG central TA team.
HFG will provide technical support through the VAAC to DOH for the planning of HIV patients' decentralization within the	In most provinces, the majority of HIV and AIDS patients are being treated at provincial and specialized level hospitals, which are not often an SHI primary registration facility, and patients are not reimbursed by SHI fund without a referral	HFG will continue to promote referral-waiving in relevant provinces, or consult with DOH and PSS on alternative solutions to improve access of HIV and AIDS patients to SHI health facilities.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
SHI network.	letter. However, where the provincial context allows, DOH and PSS can arrange a referral waiver for certain groups of patients, to broaden their access to SHI benefits. Phu Tho has been HFG's model province in waiving the referral requirement for patients with chronic diseases including HIV and AIDS since 2017. Following Phu Tho's example and after HFG's advocacy effort, Dong Nai had recently decided to waive the referral requirement for HIV and AIDS patients.	
Activity: Provide technical assistance to GVN to ensure effective and efficient domestic procurement and financing of ARV drugs		
Provide technical support to MOH/VAAC to implement the procurement of ARVs through national tendering mechanisms.	• The first national centralized bidding for ARV procurement using the SHI fund is in progress. HFG worked with CPU to follow up on the progress of this and of the centralized ARV bidding using the GVN budget, both conducted by CPU. • The second-round evaluated checking bidding plan was finished in July 2018, and then DPF submitted the final drafted bidding plan to the Vice Minister and got the approval in first week of August. • CPU is opening the tendering invitation in August 2018, and then receiving submitted tender documents from bidders within 30 days of the announcement.	• The SHI ARV bidding process is expected to open in early September 2018; then the selection of suppliers is expected in late September or early October 2018. • The GVN ARVs will be shipped to VAAC's store in October–November, 2018. GVN-procured ARVs will be used for prisoners, 06 center residents, OPC patients without SHI, and other unexpected gaps in treatment coverage. • The SHI ARVs will be available at facilities by January 2019.
Provide technical support for the development of the reimbursement mechanism between VSS and drug suppliers.	The Circular 08/2018/TT-BYT dated April 18, 2018, revised Circular 28/2017/TT-BYT on "Regulating the administration of ARVs under national centralized procurement using SHI Fund and the support for ARV copayment for insured PLHIV" has been issued. The circular provides the legal basis for the reimbursement mechanism between VSS and drug suppliers.	This activity has been completed.
Provide technical support to MOH to develop and implement procedures for monitoring the transition process from donor-supported supply chain initiatives to GVN-operated ARV procurement.	This task will be carried out when the first ARV central bidding has been completed. Key tasks of MOH/VAAC include the management and monitoring of the ARV procurement going forward.	HFG will assist the VAAC (in coordination with the VSS) to develop guidelines and detailed procedures for VSS money advance, ARV consumption, reimbursement, and liquidation of that process. HFG will assist in the development and presentation of a training course on management and monitoring of the procurement transition process, to be attended by representatives from the VAAC, VSS, PSS, DOH, PAC, and health facilities. PSM will also participate in light of its role in monitoring the timing of ARV drug distribution.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Provide technical support to MOH/VAAC to develop the process for financial aid (including premium and co-payment subsidies) for PLHIV receiving ART at public facilities	This links to Activity 6.	
Integrate ARV quantification and management into software on centralized bidding and procurement of VSS.	This has not yet been done.	
Activity: Provide TA to MOH for the inclusion of appropriate preventive HIV services paid by SHI and other relevant sources		
Provide TA to VAAC on development of a standard package of HIV prevention services.	On August 11–18, 2018, HFG's health financing experts from Results for Development (R4D) had a TDY in Vietnam to support the government's efforts to sustain momentum for public financing of HIV prevention services and potential future coverage of preventive services under SHI. Standard package of HIV/AIDS prevention services was agreed upon by VAAC and MOH.	This activity has been completed.
Develop cost estimates of the agreed package of preventive services.	• International review of economic benefits on HIV prevention interventions was completed. • Repository of cost data on selected HIV prevention interventions was developed. • R4D is working on repository for HIV prevention interventions spending tools.	HFG will share the initial results of the repository for HIV prevention interventions spending tools with VAAC and related partners.
Return on Investment analysis.	The HFG/R4D team is currently working on the technical proposal for the return on investment analysis, and plans to share this with the VAAC at the end of HFG.	• HFG's partner R4D will work with the VAAC and the MOH to build their capacity to carry out analyses to estimate the economic and health impact of implementing the prevention package under SHI and other potential funding sources, using various scenarios of adoption, use, and coverage. • HFG will soon share the policy brief on the value of SHI coverage of selected HIV prevention interventions in revisions to the Law on Health Insurance.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Advocate for inclusion of the preventive service package in the revision of the Law on Health Insurance, and mobilize domestic resources for the HIV prevention package.	• DHI/MOH is taking the leading role in the SHI Law revision, which will be submitted to the National Assembly in 2019. • HFG supported the DHI/MOH in organizing the SHI regional workshop on policy orientation for the SHI Law amendment on August 28, 2018 in HCMC for the Southern provinces.	• HFG will continue to participate in the development partners working group on the revision of the HI Law. • HFG will support the DHI/MOH in organizing another SHI regional workshop on policy orientation for the SHI Law amendment for the Northern provinces in Hanoi, tentatively in early September 2018. • This activity will be continued in the next project, the SFHA.
Activity: Provide TA to VAAC and VSS at central level to agree on a common HIS that meets the data and reporting needs to manage the SHI and HIV/AIDS program, including projection of resources needed, procurement of ARVs, and patient management		
Integrate ARVs into VSS's claim evaluation system and build the capacity of VSS and PSS to evaluate claims and process reimbursements related to HIV services.	HFG collaborated, and reached consensus, with the northern multi-line reimbursement center/VSS on the activities to integrate ARVs into the VSS's system to prepare for the reimbursement of ARV procured centrally from the SHI fund starting in January 2019. • Developed the technical proposal, and completed the selection of the IT consultant, to develop the database system for ARV users management from the SHI fund. • Collaborated with the multiline reimbursement center/VSS to track the SHI reimbursement for HIV- related services at national level and in PEPFAR provinces. • Collaborated with and provided consultancy support to Multiline payment center/VSS in designing the database system for the management of ARV users to prepare for the reimbursement of ARV from SHI fund in 2019. • The Vice Minister of Health will direct the preparation of the ARV users database for sharing with VSS.	Next steps: Continue to support VSS and VAAC in designing the system.
Continue the ongoing technical support to Vietnam Social Security to complete the Projection Model for SHI, inclusive of HIV program projection model.	On July 2–6, 2018, the international consultant (Eamon Kelly) had a mission in Vietnam to work on the following mission objectives: • HIV Liability Projections: Train VAAC on the HIV liability projection model and hand over the model to VAAC. The training took place on July 3, 2018. • Full SHI Projection Model: Final handover of National level model to VSS. The meeting was organized on July 5, 2018. • HFG technical team also worked with VSS and with the technical team and coders of the assigned IT Company to explain and hand	• Full SHI projection model is handed over to VSS. • HIV liability model is handed over to VAAC. • Continue working with VSS to develop user-friendly software derived from the Excel versions of the SHI model (expected to complete by September 2018). • Policy brief on HIV projection model (forthcoming).

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	over all Excel tools and technical specifications of the SHI projection model. Completed the guidelines for all components of the SHI projection model, then handed over to VSS. The development of the software for SHI projection is in progress.	
Monitoring the gaps in HIV treatment and the contribution from SHI fund for HIV services	HFG is working closely with the VAAC and related partners to develop a dashboard to track data on the HIV situation, SHI coverage, OPC integration, use of services, and the contribution of the SHI fund for HIV services. Together with the dashboard, HFG is also supporting VAAC/Care and Treatment Division in developing the web-based system for reporting and managing the data of HIV/AIDS care and treatment, OPC integration, and premium and ARV copayment support. National dashboard with web-based data entry of indicators of HIV care and treatment, OPC integration, and SHI reimbursements was developed. HFG collected all existing data on OPC integration, SHI coverage, SHI reimbursement, and ARV quantification of 63 provinces from several sources within the VAAC and VSS to populate the dashboard. It is a tool for program managers, planners, and policymakers to monitor key indicators of OPC integration, SHI coverage, SHI reimbursement, and gaps in ARV treatment.	This activity will be continued in the next project, the SFHA.
Activity: Work with VAAC, National Assembly, VSS, MOH, Provincial authorities and USAID partners to improve HIV patients' financial protection to incentivize their transition to SHI-funded clinics		
Provide evidence to BCC and promotion programs aimed at increasing PLHIV's enrollment in Social Health Insurance in provinces and major cities.	This activity belongs to the previous year.	
Advocate for a fully subsidized status for PLHIV based on the infectious, debilitating, and costly nature of the condition.	This activity belongs to the previous year.	
Activity: Technical support to MOH, DOH and CBOs to increase SHI coverage for PLHIV		
Technical support to Department of Health Insurance (DHI)/MOH in the replacement of Circular 15/2015/TT-BYT dated	HFG is working closely with the DHI on the development of the Replacement of Circular 15/2015/TT-BYT dated June 26, 2015, guiding the implementation of HIV and AIDS examination and treatment through SHI. The draft of the revised	The circular is waiting for the approval from Vice Minister of Health.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
June 26, 2015 guiding the implementation of HIV/AIDS examination and treatment through SHI.	circular has been completed and published on the MOH's website for comment. DHI finalized the circular and submitted it to the Vice Minister of Health for approval.	
Technical support for expansion of SHI coverage among PLHIV in selected provinces.	Among the nine HFG-supported provinces, the Provincial People's Committee of Hai Phong, Hoa Binh, Can Tho, Ninh Binh, Thai Binh, Hanoi, HCMC, and Dong Nai already committed to allocate local funds to support 100% SHI coverage for PLHIV. HCMC and Dong Nai also committed to support copayments for ARV.	The only province that does not yet mainstream financial support for SHI coverage for PLHIV is Phu Tho. HFG will focus this activity with Phu Tho DOH/PAC, to advocate for the Provincial People's Committee to endorse the provincial fund for PLHIV to cover such support.
Capacity building to increase of SHI coverage via trainings and communication activities.	During the FY2017, HFG has completed some trainings and communication activities to help increase SHI coverage among PLHIV in HFG-supported provinces: • 10 training courses for health workers and CBOs on counselling skills for SHI enrollment • 6 posts with SHI-related information on Xomcauvong (Facebook) page in collaboration with Healthy Market/PATH • 1 HFG video clip on "Ensuring sustainable financial sources for ARV access and Moving towards the target of 100% PLHIV having SHI cards". Link for full video clip: https://youtu.be/sajts5WtY7g • 1 news broadcast on VTV1 News 12.00 on June 13, 2018: http://vtv.vn/video/thoi-su-12h-vtv1-13-6-2018-304643.htm • HFG is also supporting Thai Binh PAC in designing leafletting and communication programs focusing on HIV knowledge, benefits of early ART, where patients can get treatment, benefits of SHI, and how to enroll in SHI. The leafletting and communication programs will be implemented/broadcast on the radio in districts with high prevalence of PLHIV (identified by PAC), to attract the PLHIV in the community to enroll in SHI and ARV treatment.	This activity has been completed.
Activity: Technical support to VAAC to pilot a model for funding ARV co-payment for PLHIV pursuant to Article 6 of Circular 28–28 June 2017		
Support VAAC in preparing and submitting a successful proposal to the Global Fund for use of the Catalytic Fund's allocation for premium and Copayment Subsidies for	• HCMC: On July 9, USAID and HFG met with HCMC DOH and PAC to discuss non-residents from pilot provinces receiving treatment in HCMC. • Tay Ninh: On July 10, HFG supported Tay Ninh DOH and PAC in conducting an advocacy and consultation workshop with the Provincial People's Committee and key	• HFG continues to work with Hanoi, Tay Ninh, Dong Nai and Tien Giang to follow up with their provincial work plan on SHI premium and ARV copayment subsidies for PLHIV. • Assist VAAC in developing a guideline, including criteria and process to establish and monitor the

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
2018 â€“ 2020.	provincial agencies on the provincial plan for SHI premium and ARV copayment subsidies. • Tien Giang: On August 28, 2018, HFG provide technical and financial support to Tien Giang DOH and PAV to organize advocacy and consultation workshop on the plan for SHI premium and ARV co-payment subsidies for HIV-positive people in Tien Giang province. • On August 29, 2018, HFG also supported the VAAC in organizing a consultation workshop on the guideline on the process of budgeting and reimbursement of SHI premium and ARV copayment subsidies for PLHIV in HCMC.	flow of funds to fully subsidize SHI premium and copayment for PLHIV who do not receive other sources of support, and ensure that no patients receive duplicated subsidies. • One advocacy workshop on SHI premium and ARV copayment subsidies will be organized in Hanoi, with technical and financial support from HFG, on September 6, 2018, tentatively. • This activity will be continued in the next project, SFHA.
Support VAAC in validating and testing the proposed funding flow of local and external funds for payment of premium and co-payment subsidies to PLHIV in six pilot provinces.	HFG has worked with VAAC on development and content of "manual" for ARV reimbursement and copayment subsidy model.	This activity will be continued in the next project, SFHA.
Design an evaluation of the subsidy model to be implemented in 2019.	On August 11–18, 2018, during the TDY of R4D in Vietnam, R4D's health financing experts and the HFG technical team worked on an M&E framework for the SHI premium and ARV co-payment subsidy scheme that will generate evidence on the benefits of full financial protection for PLHIV seeking ARVs, in terms of access to and retention in treatment.	This activity will be continued in the next project, SFHA.
Activity: Closeout and transition activities		
F&A close-out	Close-out checklist developed and updated on regular basis, including: • Detailed close-out tasks with timelines, people in charge • Financial close-out: spending plan/update, PIT finalization, bank account close, etc. • HR close-out: staff phase-out planning, labor contract termination, final payments to staff, etc. • Technical close-out: all technical deliverables from subcontracts and consultants saved in files and sent to Abt HQ • Operational close-out: planning/timelines for termination of office lease/service contracts plan for keeping/storing/sending financial documents and files	Next steps: Supports from Abt HQ: • Distant support • On-spot support (Phuong Chau trips in September 2018)

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Technical closeout and transition.	Completing and handing over the National and Provincial Health Account exercise/HIV and AIDS sub-account: • On July 30–August 02, 2018, HFG supported MOH/DPF in organizing a TOT for key staff of the NHA team at central and provincial level. The training focused on technical skills to estimate health expenditure classified by disease entities (including HIV/AIDS), ages, and genders based on ICD 10 codes. • Supported DPF in submitting, and receiving approval from the Vice Minister of the MOH, the final version of the 2014 and 2015 NHA and PHA with HIV/AIDS analysis.	Next steps of NHA handover: • Publish the English and Vietnamese version of 2014 and 2015 NHA, PHA, and HIV/AIDS analysis by the middle of September. • Advise DPF on technical field in order to help MOH to continue NHA and PHA exercise in the future.
End-of-project products	• HFG Vietnam final report was published. • A presentation and a poster on "Sustainable financing of the HIV response in Vietnam: Integration of donor-funded treatment facilities into public health system and the SHI scheme," was presented at the 22nd International AIDS Conference in Amsterdam, the Netherlands, on July 23–27, 2018. • HFG is working on the HFG's end-of-project video clip • Policy briefs: Overall HFG achievements (EOP Country Report updated); HIV projection model results; NHA/SHI projection model.	• Some proposed Policy Briefs include: Overall HFG achievements; OPC integration; NHA policy implications; HIV projection model results; ID paper requirements for SHI/OPC enrollment. • OPC integration paper- based on IAC Amsterdam poster.

5.3 Eastern Europe and Eurasia

5.3.1 Ukraine

Program Objectives – The HFG-Ukraine strategy was to support health purchasing/provider payment improvements and remove Public Financial Management barriers to increase efficiency. The overall HFG objective was to provide technical expertise that will create a multi-functional, analytical health purchasing operating system based on two types of data, economic and clinical. These technologies were transferred to the Ministry of Health (MOH) and the new National Health Service of Ukraine (NHSU) that is currently under development.

In Year 6, HFG continued working with the MOH, Oblast Health Departments (OHDs), and health providers in Poltava, Odessa, and Lviv regions (oblasts) to improve routine reporting systems at the facility level to generate analyzable data and use these data to monitor provider performance and decision-making. HFG provided extensive technical assistance to the MOH to institutionalize a unified national cost accounting system for health providers in Ukraine, and designed an analytical instrument to accompany the introduction of health financing reforms. HFG supported the MOH in a capacity-building program for the new MOH staff, and provided extensive support to the NHSU to fulfill the functions of a strategic purchaser in the health system.

Year 6 Activities - In Year 6, HFG provided focused technical assistance and implementation support to the MOH in its efforts to introduce a Health Purchaser system in Ukraine through designing and introducing a national cost accounting system, new hospital payment systems, and operational systems to monitor provider performance and response to new provider payment systems. HFG worked at both the central level and in pilot regions to complete TB and new strategic health purchasing activities and focus on institutionalization. Specific objectives were divided into six groups:

- Adapt international standard cost accounting system to Ukrainian conditions.
- Support implementation of cost accounting and hospital performance systems in one pilot region.
- Develop MOH and health purchaser's capacity to fulfill the functions of a strategic purchaser in the health system.
- Develop practical recommendations to adapt the DRG system to the conditions of Ukraine and to prepare the regional (oblast) health systems to use the new payment system.
- Design and develop DRG payment system for TB hospitals in four geographic regions of Ukraine.
- Coordinate, leverage and create synergies between oblast and national-level health financing reforms, disseminate TB DRG methodology at the national level, and support replication of the Poltava oblast strategic TB purchasing and TB DRGs in another oblast.

Year 6 Progress Against Objectives -

- ***Objective 1: Adapt international standard cost accounting system to Ukrainian conditions.*** HFG has fully completed this activity and has handed over the cost accounting system to NHSU. Progress throughout the year was as follows:

  By the end of Year 5, HFG had developed a unified cost accounting methodology for health providers based on an internationally recognized approach and the goals and objectives of health financing reforms in Ukraine. In Y6Q1, the cost accounting methodology was signed by the Minister of Health and formally accepted by the key line ministries (Finance, Education, and Justice).

On December 27, 2017, the Cabinet of the Ministers (CMU) of Ukraine approved the Cost Accounting Methodology as a national system for health providers in Ukraine (CMU decree # 1075, 12/27/2017).

In Y6Q2, HFG worked with MOH experts to draft regulations required by the CMU to support the introduction of a unified national cost accounting system. HFG prepared draft regulations, including a list of hospital-level standard subdivisions and clinical departments, and recommended criteria for cost allocation to be used in cost accounting analysis. At the request of the MOH, HFG also prepared a brief document summarizing objectives of a unified cost accounting system, and clarifying key points of its implementation and linkage to new provider payment systems. The MOH shared the brief with all regional health authorities in Ukraine.

In Y6Q3, HFG continued policy dialogue at the national level on using the cost accounting system for the national tariff settings, and conducted a series of capacity-building events on cost accounting for the newly established NHSU and MOH.

In Y6Q4, HFG focused on handover of cost accounting instruments and capacity building activities for the NHSU staff. NHSU became operational in June 2018 and took over the leadership for further implementation of the cost accounting system for health providers in Ukraine. HFG developed and tested an advanced SQL-based cost accounting instrument, U-Costing Pro, which follows all methodological steps, ensures standardization of clinical departments and cost centers, and includes logical filters to reduce possible human data entry mistakes. HFG transferred both the initial Excel-based cost accounting instrument and the advanced U-Costing Pro to the NHSU and conducted a series of practical trainings for the NHSU staff in using the systems.

- ***Objective 2: Support implementation of cost accounting and hospital performance systems in the pilot region.*** HFG has fully completed this activity and has institutionalized the fully functioning cost accounting and hospital performance monitoring instruments with government counterparts and at the oblast level. Progress throughout the year was as follows:

  In Year 5, HFG and the Poltava OHD agreed on joint activities to implement cost accounting and discharged-patients' systems in all hospitals in the Poltava region. HFG developed a plan to cascade training during 2017 and supported its implementation.

  In Y6Q1, HFG provided extensive support to the Poltava region. HFG conducted 12 training sessions and completed a training program on the cost accounting and discharged-patients system for 2017. By the end of December 2017, 70 hospitals had collected data, completed the cost accounting analysis, and introduced electronic data entry for discharged patients. HFG worked closely with the MOH Medical Statistics Center and OHD to develop a technical solution for data standards and data housing for the discharged-patients' database. As of December 26, the discharged-patients database included information on more than 363,000 cases (all cases in 2016, and to date for 2017) from 70 hospitals in Poltava. HFG consolidated costing and discharged-patients data, and developed the analytical platform for multifunctional analysis. The initial analysis focused on the providers' productivity, volume, and structure of inpatient care across providers, and level of care, cost of services, and potential areas for efficiency gains. The results were presented to the Poltava OHD and providers and also to the Deputy Minister of Health in November 2017.

  Using the analytical platform, HFG developed a module for the routine hospital performance monitoring system and produced a test version of the Provider Performance Reports. HFG, together with the Poltava OHD, presented the initial results of the analysis and provider performance reports for individual hospitals on December 19, 2017. The reports will be produced quarterly and help hospital and OHD managers to continuously assess and improve their operational efficiency, by focusing on productivity, cost, and volume of inpatient services.

HFG also supported the rolling out of cost accounting and discharged-patients systems in the Odessa and Lviv regions. The regions are considered regional counseling centers for further national roll-out. HFG started working with six hospitals in Odessa and 11 hospitals in Lviv region. In October 2017, HFG received a request from both regions to expand HFG activities and support the introduction of cost accounting and discharged-patients systems in 40 of 65 hospitals in Odessa oblast and 21 of 114 hospitals in Lviv oblast. The MOH also supported this request. HFG provided two rounds of training for statisticians and economists from selected hospitals in Lviv and Odessa oblasts. In addition, HFG conducted an introductory training for 50 hospitals in Odessa oblast. By the end of December 2017, the cost accounting system had been introduced in 20 hospitals in Lviv and 34 hospitals in Odessa oblast, and the discharged-patients system included 284,097 cases in Lviv and 103,427 cases in Odessa oblast. The costing and patients' data once verified will be used for the development of a hospital performance monitoring system and design of a new case-based payment model.

In Y6Q2, HFG synthesized cost accounting and discharged-patients analysis at the regional and hospital level, and produced individualized analytical reports for the 69 hospitals of Poltava oblast. Poltava Regional Health Authorities invited HFG to take part in the Annual Health Department Board Meeting of Poltava oblast, which took place on February 22, 2018. Aimed at discussing the current progress of health reform in the region and reporting achievements for 2017, this meeting brought together regional and local authorities, heads of local and district councils and administrations, and head doctors from all 69 regional, district, and city hospitals of Poltava oblast. HFG presented analytical reports including Assessment of Hospital Performance-based on Cost Accounting Analysis and Discharged Patient Data, and the individual facility-level Cost Accounting Analyses that had been prepared for each hospital. Hospital and health system representatives expressed great interest in the material, which included data from the online databases designed by HFG for the Ukrainian hospital sector. Dr. Victor Lysak, head of Poltava Regional Health Department, linked the work of the HFG Project in Poltava with the reforms taking place at the national level.

The analytical platform HFG developed based on BI Tableau software has been institutionalized at the Oblast Health department level. The platform includes modules on the Provider Performance Monitoring system, a set of operational dashboards on key hospital admission indicators, and a simulation model on inpatient care restructuring. HFG worked with national and regional experts to define specific indicators and criteria that could be used for simulation models, such as PHC sensitive conditions and avoidable hospitalization and inappropriate main diagnoses for discharged patients, among others.

In Y6Q2, HFG continued to support the introduction of cost accounting and discharged-patients systems in pilot hospitals in Lviv region. HFG analyzed data from 29 hospitals (18 multidisciplinary and 11 TB hospitals) and conducted a workshop to present results to the Regional Health Authorities and hospitals. The Head of Lviv Oblast Health Department, Dr. Mikitschak, thanked HFG for the work done and stressed the great importance of the results for the region's health care system. She also stated that the region had increased substantially in understanding of the basic principles of health economics and the principles of using information for making managerial decisions at the level of health care organizations, through their work with HFG. Dr. Mikitschak also appealed to the HFG project for a similar study on the results of 2017, with a significant increase in the number of participating hospitals. She expressed readiness to ensure administrative support from the OHD and the regional authorities.

In Y6Q3, HFG continued to support pilot regions in the implementation of cost accounting analysis in general hospitals based on actual 2017 budget and statistical data. HFG conducted 17 technical trainings in Poltava (4), Lviv (8), and Odessa (5) regions. By the end of June, all general and TB hospitals (69) in Poltava region, 53 hospitals in Lviv, and 64 hospitals in Odessa had completed data collection and initial data analysis for 2017. At the request of USAID, HFG supported the implementation of a cost accounting system in Ternopol region, which is a pilot region for the USAID-funded HIVRiA/Deloitte project. HFG trained economists and statisticians from six pilot hospitals, customized the cost accounting instrument, and facilitated data collection and costing analysis. HFG produced cost accounting analysis reports for each hospital and conducted a workshop to present results of the analysis with the hospital managers and HIVRiA teams.

In Y6Q4, HFG completed all activities in pilot regions. Cost accounting and hospital performance monitoring instruments were transferred to the government counterparts. Cost accounting and provider performance monitoring systems are now fully functioning and institutionalized at oblast level. Health providers in Poltava, Lviv and Odesa oblasts have the instruments and capacity to support further implementation of cost accounting analysis and discharged-patients database at facility level, and OHDs have the systems in place to monitor hospitals performance and make evidence-based decisions.

During the final quarter, HFG provided extensive technical support to the pilot oblasts to complete cost accounting analysis for the hospitals and produce performance monitoring reports. HFG conducted six technical trainings in the pilot oblasts, finalized the analysis, and produced reports for 61 hospitals in Poltava, 64 Lviv and 57 in Odesa oblast. HFG worked closely with health authorities in the oblasts to analyze discharged-patients data and produce monitoring reports on hospital performance for each pilot oblast. In total, as of August 20, 2018, the analytical system that HFG supported includes more than 2 million cases of discharged-patient data from three pilot oblasts. Using discharged-patients data for 2017 and the first six months of 2018, HFG updated key performance indicators and produced monitoring reports for 42 hospitals in Lviv, 50 hospitals in Odesa and 61 hospitals in Poltava oblast. The reports were shared with providers and the trends were discussed during workshops with oblast health authorities. Using the cost accounting and discharged-patients data, HFG prepared analytical reports, entitled: "Assessment of Effectiveness of the Hospital Sector in the Oblast (2017)" for each oblast, and shared them with the Oblast Health Authorities and the State Administration in each pilot oblast.

HFG conducted three end-of-project workshops in Lviv, Odesa and Poltava oblasts to summarize our joint work, present key achievements and discuss ways of using these achievements to prepare the hospital sector for health financing reform in Ukraine. The HFG end-of-project workshop participants included high level representatives from Oblast State Administration and Oblast Rada; chief physicians of oblast, city and district hospitals; representatives of the NHSU and partner organizations.

In Lviv, the HFG end-of-project workshop took place on August 15, 2018. The workshop was headed by Mr. Oleg Synutka, Head of the Lviv Oblast State Administration, Mr. Oleksandr Ganushchyn, Head of the Lviv Oblast Rada, and Dr. Iryna Mykychak, Director of the Healthcare Department of the Lviv Oblast. Over 100 representatives of the health sector and local government participated in the workshop and agreed on concrete actions to continue the work HFG supported in the region. In addition, the Head of State Administration approached local governments to work with their health providers to develop hospital restructuring and improvement plans for each district based on the cost accounting and hospital performance monitoring reports developed by HFG.

In **Odesa**, the HFG end-of-project workshop took place on August 17, 2018. The workshop was presided over by Serhiy Koleboshyn, Deputy Head of the Odesa Oblast State Administration and Dr. Igor Ginzhul, Acting Director of the Healthcare Department. 134 representatives of health sector and local government participated in the workshop. Special attention was paid to the practical implications of the HFG supported instruments and data analytics in restructuring the TB sector and optimization of TB hospitals in Odesa oblast.

In **Poltava**, the HFG end-of-project workshop took place on September 6, 2018. The workshop was headed by Mr. Valeryi Golovko, Head of Poltava Oblast State Administration and Mr. Oleg Petrenko, Head of National Health Services of Ukraine. The focus of the workshop was to present the HFG achievements in supporting the development of the strategic health purchasing system in Ukraine, share lessons learned and recommendations from piloting the new health financing and management instruments, and discuss next steps in improving the health purchasing system in Ukraine. Over 240 representatives from the oblast and national levels participated at the workshop and took an active part in the discussion.

- ***Objective 3: Develop MOH and health purchaser's capacity to fulfill the functions of a strategic purchaser in the health system.*** HFG has fully completed this activity. HFG built the capacity of NHSU to fulfill the functions of a strategic purchaser and handed over practical instruments to support continued progress after the project's end. Progress throughout the year was as follows:

  In Y6Q1, HFG started a discussion with the MOH on a capacity-building training program for the MOH and NHSU, which was established in 2018. Currently, the MOH is in the process of revising its management structure and hiring a new top-management team (Directors of Departments) and main experts. The MOH asked HFG to support a capacity-building training program to improve new managers' capacities in leadership, strategic planning and communication, and the introduction of new business processes. The MOH suggested that HFG partner with Kyiv-Mohila Business School (KMBS) on the training program. HFG conducted a series of meetings with the MOH and KMBS to discuss the content of the program, process, and possible ways for cooperation with KMBS. HFG also presented an alternative collaborator, HFG's partner Training Resources Group (TRG), with the added benefit of shortened contracting time. We expect the MOH will provide its final decision at the beginning of January 2018.

  HFG also started planning for training on strategic purchasing and provider payment systems for the MOH, National Health Service, and regional health authorities. HFG and the MOH made a preliminary agreement to conduct two training sessions for the MOH and regional authorities in February-March 2017.

  In Y6Q2, HFG continued working on the MOH request to support the design of an MOH capacity-building program for new MOH managers in cooperation with KMBS. HFG/TRG experts worked closely with KMBS to prepare three of the six initially proposed modules, with the plan being to deliver them before the end of July 2018. TRG proposed to supplement the didactic content with practical clinics that are aligned to the MOH priorities and challenges in order to build practical skills. HFG and KMBS agreed to collaborate on the delivery of three modules before the end of July 2018 with HFG funding support, as an opportunity for USAID and the MOH to solicit feedback from the program participants before committing to a longer-term package of support. HFG also planned to build capacity within KMBS to allow KMBS to maintain the program for the MOH in the future. However, the MOH has decided to postpone the proposed training program until USAID awards a new health reforms bilateral project. The MOH would prefer to have the training program delivered over six consecutive months. HFG plans to follow up with the MOH and offer a specific training course on Leadership and Management that incorporates health system-related topics, which can be delivered before July 2018.

In March 2018, CMU selected a candidate for a position of Director of the NHSU, Mr. Oleg Petrenko. HFG had a series meeting with Mr. Petrenko to provide an overview of the HFG goals and achievements, demonstrate the analytical platforms and operational systems to support strategic health purchasing, and discuss the overall health reforms process. Mr. Petrenko expressed extremely high interest in using the HFG experience in the NHSU system. He initiated an appeal from the MOH to the USAID Mission expressing interest in extending HFG activities beyond of the project end date in September 2018. USAID/Ukraine asked HFG to focus assistance on supporting the establishment of the NHSU and building its capacities in health purchasing.

In Y6Q3, HFG focused on building the capacity of the newly established NHSU, and conducted a series of training events on health financing and strategic health purchasing for the NHSU and MOH teams. In April 2018, HFG conducted a two-day workshop to present overall concepts and functions of strategic health purchasing, an overview of the provider payment systems, and practical steps in payment systems design and implementation. In May 2018, HFG conducted a follow-up two-day workshop to share international experience and lessons learned from Estonia on the establishment of strategic health purchasing functions, implementing coverage policies, selecting contracting, provider payment models, and claims management. At the request of MOH, HFG also supported the 2018 Summer School on Health Transformation in Ukraine. The Summer School is a six-day intensive training program and well-recognized platform for discussion of health reforms in Ukraine.

In Y6Q4, HFG focused on the handover of practical instruments and knowledge to the newly-hired NHSU staff. HFG discussed and agreed with USAID/Ukraine and NHSU on a capacity building plan to ensure that tools, resources, and skills were transitioned effectively before close-out of the HFG project. Following the plan, HFG conducted 12 training sessions for the NHSU staff on cost accounting (3 sessions), provider performance monitoring system (3 sessions), developing case-based payment system for the hospitals (5 sessions), and a study on underfinancing the medicine budget (1 session). HFG transferred the instruments and user guidelines to NHS, and walked them through the process of doing the analytics. In addition, the NHSU staff participated in the HFG technical workshops in Lviv, Odesa and Poltava oblasts. The NHSU team learned from the regional health authorities and directly from the hospitals about how the systems developed by HFG work, what processes should be in place and how they could use the cost accounting and provider performance monitoring system results for decision making at the regional and provider levels. Also, the NHSU team met personally with the health authorities and HFG local consultants who support cost accounting and provider performance monitoring systems so they can continue collaboration in the future.

To support NHSU in further introduction of a new hospital payment system in 2019, HFG developed a series of technical documents to summarize HFG's work on hospital payment system design. The package includes a proposal for piloting a new case-based payment system for hospitals, case-based payment system design, technical requirements and implementation steps, and a simulation analysis of risk factors for the new payment system. HFG shared the package with NHSU and the MOH technical working group, explained the technical basis for each document, and answered clarifying questions from the NHSU and MOH.

Head of NHSU, Oleg Petrenko, requested conducted additional, in-depth training for the NHSU analytical group, represented mainly by young specialists with advanced skills in data analysis, but not familiar with the specifics of the health sector and needed analysis. The training included use of business intelligence tools and Big Data for the creation of the analytical platforms and systems to support NHSU strategic purchasing functions, selection of priority indicators, and the importance of linkability of different databases.

HFG completed all commitments and received a high appreciation from Mr. Petrenko, NHSU Head, and his staff which emphasized the importance of the HFG-developed systems and capacity building provided to NHSU for ensuring the successful launch of health reforms in Ukraine.

- ***Objective 4: Develop practical recommendations to adapt the DRG system to the conditions of Ukraine and to prepare the regional (oblast) health systems to use the new payment system***. HFG has fully completed this activity, including completing a study which estimated the magnitude of the hospital drug budget deficit, developed a model for the case-based payment system which was approved for pilot, and built capacity in the new payment system, including providing MOH and NHSU with a series of technical documents to summarize HFG's work on hospital payment system design Progress throughout the year was as follows:

  In Y6Q1, HFG provided extensive technical expertise to the Poltava OHD in the design of a new hospital payment system that could be used as a transition model to the national DRG system planned for introduction in 2020. The Deputy Minister of Health, Mr. Pavlo Kovtanuyk, supports the Poltava initiative and is facilitating the process. Using costing and discharged-patients data, HFG developed a simulation model and analyzed different options for the case-based payment system. HFG developed a case-based hospital payment pilot concept, technical design of the model, and implementation requirements.

  The Poltava OHD plans to pilot a new hospital payment system starting in 2018. The most critical issue with the pilot introduction is current fragmentation of the hospital budget (oblast/city/district/hromada budget levels), which will not allow pooling of the budgets at the oblast level. The budget pooling is necessary for setting a unified base rate for the proper functioning of a new hospital payment system, and important for the risk pooling to insure against catastrophic hospital expenditures (hromada and district levels are too low). Taking into account this issue, the Poltava OHD considered starting with "paper-based" piloting in the first half of 2018 or using the case-based payment model for inter-budget transfers for treated patients.

  In Y6Q2, HFG worked closely with the Poltava OHD to design a study to estimate the magnitude of the hospital drug budget deficit. Cost accounting analysis conducted in Poltava, Odessa, and Lviv pilot regions relied only on official hospital budgets. Any types of out-of-pocket expenditures, including medications, were excluded. Therefore, national and regional HFG partners requested assistance in estimating the hospital drug budget deficit to inform setting of the national tariffs policy and adjusting case-based payment system components, such as DRG weights. HFG worked with national and regional experts to finalize the study design and agree on the implementation process. The study sample includes more than 4,000 discharged cases in eight age categories, and will be carried out in 11 hospitals.

  In Y6Q3, HFG provided extensive expertise to the NHSU and MOH teams in the design of a technical proposal for piloting a new hospital payment system in Ukraine. HFG experts conducted a comprehensive analysis of discharged-patients and costing data from pilot regions, and developed a model for the case-based payment system. The proposed payment system is based on 55 clinical groups that are developed based on actual discharged data. HFG also conducted a risk analysis of the hospitals budget under the new payment system, and proposed options to mitigate the potential risks. NHSU fully supported the proposed approach, and agreed with the MOH to use the HFG-developed model as a transition payment system for the hospitals, starting from 2019. HFG helped NHSU and the MOH present the new case-based payment system proposal to the Prime Minister. In May, the Prime Minister approved the MOH and NHSU proposal for piloting the new case-based payment system starting in 2019.

In Y6Q4, HFG completed a study on underfinancing of the medicine budget at the hospital level. The study aimed to estimate the magnitude of the hospital drug budget deficit and to assess rational drug use. The study, which examined 4,200 cases across 11 hospitals, showed that patients were making high out-of-pocket payments for drugs, and also demonstrated that just over half of the prescribed medicines purchased by patients had a strong evidence base. HFG conducted a series of technical workshops in Poltava and at the national level to present the study results and discuss their use for designing provider payment systems for hospitals. The study results provided evidence for oblast health authorities and NHSU to take action to improve clinical practice and increase the hospital budget to reduce out-of-pocket payments for medicine at the hospital level.

During the final quarter, HFG focused its technical assistance to support NHSU and the MOH technical working group in further design of the hospital payment system. MOH and NHSU selected Poltava oblast as a pilot oblast to introduce a new hospital payment system starting in April 2019. HFG conducted a series of technical events for the new MOH Adviser, Mr. Matviy Khrenov, who leads the hospital payment pilot design, and his team, to share the HFG developed case-based payment model, and provided expert advice on its implementation. At the request of Poltava Health Department, HFG conducted practical training on the hospital case-based payment system and risk adjustments for the general hospitals in Poltava. Based on the latest cost accounting, discharged-patients data, and the results of the underfinancing medicine budget study from Poltava oblast, HFG refined the initial case-based payment model and shared it with the technical team. At the request of MOH and NHSU, HFG prepared a technical justification for the MOF to allocate additional budget for the introduction of the hospital payment system in Poltava. Also, as mentioned above, HFG developed and shared with MOH and NHSU a series of technical documents to summarize HFG's work on hospital payment system design. The package includes a proposal for piloting a new case-based payment system for hospitals, case-based payment system design, technical requirements and implementation steps, and simulation analysis of risk factors for the new payment system.

- ***Objective 5: Design and develop DRG payment system for TB hospitals in four geographic regions of Ukraine.*** HFG fully completed this activity, equipping TB hospitals with data to make strategic decisions about their TB services and improve internal management. Progress throughout the year was as follows:

  By the end of Year 5, HFG had completed most of the operational work and TB activities in four pilot regions including Poltava, Odessa, and Lviv oblasts and Kyiv City. Cost accounting discharged-patients and TB hospitals' performance monitoring systems are fully functioning in all TB hospitals in pilot regions.

  In Y6Q1, HFG continued to support TB hospitals in pilot regions in implementing the discharged-patients system, and produced quarterly reports on TB hospital performance (nine months of 2017) for each region. As part of institutionalizing the process, HFG conducted a specific training for Kyiv and Poltava TB counterparts on managing the TB hospital performance monitoring system. The training package includes an analytical module in Tableau IP, with data analysis and a set of operational dashboards for each region, detailed guidelines, and a video on using the module.

  HFG worked with the MOH Medical Statistics Center to consolidate the database and update the TB-DRG module. The TB database, which includes information on 60,276 patients discharged from TB hospitals, was integrated into a multifunctional analytical platform developed by HFG for general hospitals. HFG conducted a series of discussions with national counterparts on TB group classification and setting relative weights. Based on feedback, HFG finalized a prototype of the TB-DRG simulation module for further analysis.

  In Y6Q2, HFG carried out a series of in-depth interviews with country partners in preparation for the Ukraine technical brief and final report. These interviews have focused primarily on the TB

activity, as it has a longer implementation history than strategic health purchasing. Interviews have served several purposes, including: (a) gathering feedback from partners on how they have used the HFG-introduced electronic monitoring system for TB hospitals, including progress and steps taken to optimize the TB facilities; (b) seeking clarifications on certain trends in the discharged-patient data and how certain patients are being categorized (i.e., why do we not see a decrease in average length of stay? How has the percentage of clinically diagnosed patients dropped so much?); and (c) learning more about how TB clinical protocols for both diagnosis and treatment are implemented in the geographic area, in order to better understand and make linkages between the data, changes in the data, and approved clinical recommendations. To date, the HFG team has conducted interviews with the directors of TB Services from Kyiv City and Lviv and Odessa oblasts; the directors of the Odessa and Lviv OHDs; the director of Health Information Technology in Odessa oblast; an IT specialist, statistician, and accountant/economist from Lviv oblast; and a representative from the National Public Health Center (NPHC) in Kyiv. Reports based on the interviews completed in Q3.

In Y6Q3, HFG continued working with regional health authorities in pilot regions to institutionalize operating systems developed by HFG. HFG transferred the systems and conducted a series of trainings for the technical staff of the regional health departments and TB counterparts on the procedures for using/updating/supporting TB hospital performance monitoring systems, cost accounting, and one-button reports for the hospitals.

In Y6Q4, HFG completed all activities planned for the TB program. HFG helped the pilot regions update the TB Hospitals Monitoring System and presented results to the regional health authorities and TB hospitals. Using the analysis from the TB hospital performance monitoring system, two of the pilot oblasts, Odessa and Lviv, have started to optimize their TB hospital network and redirect resources towards better uses. The Odessa oblast health department closed three costly, outdated TB hospitals and replaced them with one modern integrated facility for TB and HIV. The Lviv oblast health department closed two TB hospitals that were no longer needed and reinvested the savings into equipment upgrades for the remaining TB hospitals.

At the HFG end-of-project workshops in August-September, TB counterparts emphasized that the analytical tools that HFG developed, including the TB Hospital Performance Monitoring System and Simulation Model for TB Hospitals Optimization, equipped TB hospitals and themselves with data to make strategic decisions about their TB services and improve internal management.

- ***Objective 6: Coordinate, leverage, and create synergies between oblast- and national-level health financing reforms, disseminate TB DRG methodology at the national level, and support replication of Poltava oblast TB strategic purchasing and TB DRGs in another oblast.*** HFG fully completed this activity through supporting policy dialogue and creating linkages between improving purchasing of TB services and the broader national health financing reforms. In addition to sharing within Ukraine, HFG shared Ukraine's experiences in supporting strategic health purchasing and evidence-based decision-making in TB within the region, resulting in the tools being developed for Ukraine being adopted elsewhere. Progress throughout the year was as follows:

  During Year 5, TB purchasing activities supported by HFG in the Poltava region were successfully rolled out to other regions and recognized at the national level for further development of the national cost accounting system and hospital payment model.

  In Y6Q1, HFG continued to support policy dialogue and create linkages between improving purchasing of TB services and the broader national health financing reforms. Together with the MOH and Poltava OHD, HFG conducted an analysis and preliminary modeling of the hospital case-based payment systems for different profiles of clinical departments and different options of the clinical groups. The analysis included all general and specialized hospitals. Information on the TB discharged-patients system was integrated into the general model. The results of case-based

payment modeling will be used to finalize the TB-DRG module.

In Y6Q2, HFG initiated a policy dialogue with the NPHC to discuss institutionalization of HFG-supported activities in TB. The HFG team met with the newly appointed Head of the NPHC, Dr. Vladimir Kulpita, his deputy Dr. Victor Lyashko, and the head of the department for TB prevention and treatment, Dr. Yana Terleeva. HFG provided an overview of the program objectives and achievements in TB strategic health purchasing between 2015 and 2018. Dr. Kulpita greatly appreciated HFG's work, and expressed interest in close cooperation and transferring HFG-developed analytical systems to the NPHC. Dr. Kulputa informed HFG of the ongoing restructuring of the center, and the possibility of allocating the staff to work with HFG on handover processes. He also supported HFG's proposal to hold a joint national event for TB providers and the regional public health centers. The event will present strategic plans for the health financing reforms in TB, and results of HFG-supported work on TB strategic health purchasing in Poltava, Odessa, and Lviv oblasts and Kyiv City. The event is preliminarily planned for May 2018.

In Y6Q3, HFG continued policy dialogue at the national level to disseminate HFG's successfully completed work in the pilot regions. On May 16, 2018, the National Public Health Center invited HFG to share HFG achievements in developing instruments for strategic health purchasing in TB at the national TB conference, and to take part in the expert panel.

HFG's Global TB program, with support from HFG-Ukraine, conducted a three-day workshop for Eastern Europe and Central Asia countries, "Spending Money Wisely for Improved TB Outcomes." The workshop took place in Bishkek, Kyrgyzstan on May 28-30, 2018. Representatives from 10 countries participated in the workshop. HFG invited three counterparts from Ukraine, including Dr. Victor Lysak, head of Poltava Oblast Health Department; Dr. Svetlana Esipenko, chief HIV and TB specialist of the Odessa oblast; and Mr. Sergey Diachenko, MOH, to present their experience and achievements in implementing specific instruments to support strategic health purchasing and evidence-based decision-making in TB. The participants from the different countries rated the presentation highly, and provided very positive feedback on the innovative achievements that have been made in TB financing in Ukraine under the HFG project and in the Kyrgyz Republic under the Defeat TB project.

In Y6Q4, following the HFG Regional Workshop "Spending Money Wisely for Improved TB Outcomes," HFG received a request from the Mandatory Health Insurance Fund (MHIF) of Kyrgyzstan to transfer the cost accounting instrument developed by HFG for Ukraine to the Mandatory Health Insurance Fund of the Kyrgyz Republic. The MHIF wished to further refine the DRG system and analyze the effectiveness of ĐǾĐ and general hospitals in Kyrgyz Republic. USAID and HFG supported this request as a great example of cross-country exchange of the USAID-supported work. In September, the cost accounting instrument developed by HFG Ukraine was transferred to the Kyrgyz MHIF and the USAID Defeat TB project for further use in Kyrgyzstan.

Q4 Additional Information - With USAID approval, HFG procured technical equipment (PCs and other devices) for NHSU offices and hospitals and health departments in Poltava, Lviv, and Odessa oblasts.

Table 40 provides additional activity-specific updates.

TABLE 40. UKRAINE ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Adapt international standard cost accounting system to Ukrainian conditions		
Adapt technical cost-accounting tool for Ukrainian conditions.	**Completed this quarter** HFG finalized and tested the advanced SQL version of cost accounting instrument U-Costing Pro. In August, HFG transferred the cost accounting instruments, including the initial Excel-based and the advanced SQL-based U-Costing Pro, to NHSU and three pilot regions.	
Trainings for health authorities and general hospitals conducted in pilot regions.	**Completed this quarter** HFG finalized the cost accounting training program in pilot regions in Y6Q3. During this quarter HFG conducted special training sessions for the NHSU technical staff in using the cost accounting instruments on July 24 and August 20 (more details in Activity 3 section).	
Develop recommendations on the process and steps to roll out facility-level cost accounting system.	**Completed this quarter** HFG submitted the final package on cost accounting instruments – the Excel-based and SQL-based U-Costing Pro – as well as recommendations to NHSU.	
Activity 2: Support implementation of cost accounting and hospital performance systems in pilot region		
Poltava *Oblast*		
Collect data and conduct cost accounting analysis at hospital level.	**Completed this quarter** HFG finalized a cost accounting analysis for 2017 for 62 general hospitals. The cost accounting results and individual provider reports were presented on September 6 in Poltava.	
Collect discharged-patient data (Form 66) for 2016 retrospectively and for 2017 continuously in general hospitals.	**Completed this quarter** The final analytical module includes information on 751,962 cases from 69 hospitals covering the period 2015–2018.	
Develop and introduce provider performance monitoring system in Poltava (hospitals and PHC). Conduct quarterly meetings with providers.	**Completed this quarter** The Provider Performance Monitoring system is institutionalized at the *oblast* health department and fully functioning. HFG helped OHD to produce the Provider Performance Reports for 58 general and 8 TB hospitals based on 2017 data and six months of 2018 data.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Develop and introduce a simulation model for inpatient care restructuring at the *oblast* level (referrals, level of care, possible hospital optimization, etc.).	**Completed this quarter** The simulation model for TB and general hospitals restructuring was developed and used at Poltava *Oblast* Health Department.	
Regional Counseling Centers		
Support centers in conducting first round of cost accounting analysis in selected hospitals.	**Completed this quarter** At the request of Lviv OHD, HFG conducted additional training for 15 hospitals that had had difficulties in completing cost accounting analysis. In August, HFG together with the Odessa and Lviv OHD completed cost accounting analysis, produced summary reports for 64 hospitals in Lviv and 57 hospitals in Odesa *oblast,* and presented results at the HFG end-of-project workshops on August 15 in Lviv and August 17 in Poltava.	
Activity 3: Develop MOH and Agency's capacity to fulfill the functions of a strategic purchaser in the health system		
Conduct a series of trainings on SHP concepts and instruments, as well as data analytics for the MOH Health Purchaser.	**Completed this quarter** HFG, USAID/Ukraine and NHSU agreed upon a capacity-building plan to ensure that tools, resources, and skills are transitioned effectively before the close-out of the HFG project. Following the plan, HFG conducted 12 training sessions for the NHSU staff including: • Cost accounting for health providers (three sessions) During the first training session on July 24, HFG presented the conceptual foundation for the costing health services, international experience, and the cost accounting methodology developed by HFG for Ukraine that had been approved by the CMU in December 2017. HFG provided information on the regions/hospitals that implemented the cost accounting system in 2017–18 in Ukraine, as well as examples of actual cost accounting analysis from different hospitals, and shared lessons learned from the pilot sites. HFG also described a process to link cost accounting and discharged-patient data to design a case-based payment system for hospitals. On August 20, HFG conducted an	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	intensive training session for the NHSU staff and walked them through each step of the approved methodology, costing instruments and practical guidelines for its implementation. So NHSU could use them for further work with health providers, HFG transferred the cost accounting instruments and materials, including: • Excel-based cost-accounting tool – two MS Excel modules for data entry and data analysis, user guidelines, and PPP, on key concepts of cost accounting methodology and practical use of the instrument • Advanced SQL-based cost accounting instrument U-Costing-Pro – software (.exe file), initial coding system, and detailed user guidelines On September 12, HFG conducted a follow-up session with NHSU staff to clarify the questions on the cost accounting analysis and provide recommendations for its further implementation in reference hospitals. • Provider Performance Monitoring System (three sessions) During first two training sessions on July 24 and August 13, HFG provided main concepts and building blocks of: the monitoring system, best international practice and current experience from the pilot *oblasts* in Ukraine to use data analytics to monitor providers' performance, restructuring hospital structure, and improving purchasing functions. HFG presented an analytical platform that Poltava, Lviv, and Odesa *oblasts* use to assess the effectiveness of the *oblast* inpatient delivery structure and monitor performance of individual providers. HFG shared real-life examples and the analytical reports from the pilot *oblasts.* On September 12, HFG worked with the NHSU team to discuss a set of simple indicators to monitor provider performance and new payment system implementation that NHSU could use with the pilot introduction of the case-based system in Poltava in 2019.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	• Developing case-based payment system for the hospitals (five sessions) On July 24, 26, August 2 and 21, and September 13, 2018, HFG conducted a series of technical discussion and training sessions with NHSU staff and designated MOH experts to present the case-based payment system developed by HFG as a transition system to the more comprehensive national DRGs. HFG used cost accounting and discharged-patients data from Poltava to design the payment model. HFG walked the team through the algorithm and steps in the payment system design and simulation model to estimate potential risks for health providers associated with the new payment system introduction. HFG proposed the use of policy adjustments to mitigate the risks for providers and to address technical requirements for the new payment system implementation. At the request of NHSU and MOH, HFG developed a package of technical documents to support the pilot implementation of the new hospital payment system, including: • Hospital payment system pilot concept • Design of case-based payment model • Technical requirements for the piloting • Simulation of potential risks for providers with the introduction of new payment model HFG also contributed to the national-level discussion on the process of adaptation of the Australian DRG system for Ukraine – the work funded by the WB project. • Underfinancing of medicine budget study (one session) On September11 – following the technical discussion at the *oblast* and national level on the results of the above study, which had been conducted at the hospital level in Poltava – HFG organized a training session for the NHSU staff to provide details on the study	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	methodology, sampling, and analysis. HFG shared all initial files for data analysis with NHSU, and discussed how NHSU could use the study results in contracting and payment systems with hospitals. At the request of Oleg Petrenko, Head of NHSU, on August 21, 2018, HFG conducted additional, in-depth training for the NHSU analytical group. The training covered the use of business intelligence tools and Big Data for the creation of the analytical platforms and systems to support NHSU strategic purchasing functions; selection of priority indicators; and the importance of linkability of different databases. NHSU staff participated in the training sessions conducted by HFG, as did representatives of the MOH, MOF, and international organizations/projects including WHO, WB, E&Y, and the USAID HRS project,	
Develop a multi-variant analysis dashboard of hospital admissions and performance based on cost accounting and discharged patients' data	**Completed this quarter** The analytical platform for multi-variant analysis of hospital admissions and monitoring of hospital performance developed by HFG is fully functioning in Poltava. Discharged patients and costing databases data is housed at the individual hospitals and at the Poltava *oblast* health department. HFG transferred all instruments for cost accounting, the hospital performance monitoring system, and data analytics to the Poltava health department; trained designated staff; and provided ongoing support. NHSU and Poltava OHD worked on the establishment of linkages between Poltava and NHSU information systems. HFG provided technical advice and guidance as needed through the end of the project.	
Design and introduce operational system to monitor hospital performance and provision of priority services (national/regional/provider level).	**Completed this quarter** . The hospital performance monitoring system developed by HFG was fully institutionalized at the *oblast* health department level in Poltava *oblast.* Monitoring reports produced for all hospitals during 2017–2018 and summary reports on the effectiveness of hospital system in Poltava, Lviv, and Odessa *oblasts* were also developed and presented to each *oblast.*	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Combine cost accounting data from pilot regions; analyze average cost of hospital cases by type of providers, regions, and clinical diagnoses to support provider payment systems refinement,	**Completed this quarter** In August, based on results of the 2017 cost accounting analysis, HFG updated case-based groups and presented the final model to NHSU.	
Develop and introduce an early warning system to monitor the implementation of new provider payment system at *oblast* and national level (MOH and/or Health Purchaser).	**Completed this quarter** The provider performance monitoring system developed by HFG was successfully introduced in three pilot *oblasts* and will serve as an early warning system for the NHSU's implementation of a new hospital payment system. Using this system as a basis, HFG developed a technical report describing building blocks of the early warning system, and worked with NHSU to develop a set of indicators to monitor the implementation of new provider payment systems in 2019.	
Activity 4: Develop practical recommendations to adapt the DRG system to the conditions of Ukraine and to prepare the regional *(oblast)* health systems to use the new payment system		
Conduct a simulation analysis of the proposed DRG system, based on actual hospital data from Poltava *oblast.*	**Completed this quarter** At the request of the MOH and NHSU, HFG conducted a simulation analysis of potential budget changes of individual hospitals after the introduction of the new hospital payment system in 2019. In August, based on a risk analysis, HFG prepared a justification for the MOF to allocate additional budget subvention to support the implementation of a new hospital payment system in Poltava.	
Develop recommendations on using analysis and risk adjustment mechanisms in the transition period.	**Completed this quarter** HFG developed a series of the technical reports outlining design of case-based hospital payment systems, risk adjustments, technical requirements, and recommendations for its implementation. The package was submitted to the MOH and NHSU for further development of the provider payment pilot to be introduced by NHSU in 2019 in Poltava.	
Create a simulation model to assess potential risks for providers with the introduction of new hospital payment systems (DRG, global budget).	**Completed this quarter** HFG updated the simulation model based on refined case-based grouper and 2017 cost data. HFG developed a technical document simulation model to assess potential risks for providers with the introduction of new hospital payment systems. The technical report as part of the case-based payment	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	system design was submitted to MOH and NHSU in September.	
Conduct testing of the DRG-based system with the consideration of cost-accounting data and clinical information from all regions where standard data available.	**Completed this quarter** In response on the national and regional partners' request, HFG worked in Poltava to carry out the Underfinancing of Medicine Budget at Hospital-Level Study. The study aimed to estimate the magnitude of hospital drug budget deficit and to assess rational drug use. HFG conducted a series of technical workshops in Poltava to discuss preliminary and final results: • July 4–5 to present the clinical part of the analysis: accessing rational drug use at the hospital level • July 25, to present initial results to all hospitals, *oblast*/city health departments, and local administration of Poltava *oblast* • September 6, to present final results of the study at the HFG end-of-project technical workshop On September 10, HFG and MOH held a technical meeting to present the results of the Underfinancing of Medicine Budget Study for national counterparts. More than 25 representatives from the MOH, NHSU, and key international partners participated in the meeting and discussed the study findings and their further use to inform the design of hospital payment system and reduce out-of-pocket payments for medicine at the hospital level, as well as to improve clinical practice and rational drug use.	
Develop recommendations for step-by-step introduction of new hospital payment system (DRG) at *oblast* and hospital level.	**Completed this quarter** HFG developed a series of technical reports outlining design of case-based hospital payment systems, technical requirements, and recommendations for implementation. In September, HFG submitted the package to MOH and NHSU for further development of the provider payment pilot to be introduced by NHSU in 2019 in Poltava.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 5: Design and develop DRG payment system for TB hospitals in four geographic regions of Ukraine		
Finalize final technical report for each region.	**Completed this quarter** HFG finalized TB hospitals performance monitoring reports for 2018, and presented them in each pilot region. HFG also developed a technical brief summarizing the analytical instruments developed and used for improving TB hospital sector in pilot regions.	
Activity 6: Coordinate, leverage and create synergies between Oblast and national-level health financing reforms, disseminate TB DRG methodology at national level, and support replication of Poltava *Oblast* strategic TB purchasing and TB DRGs in another *Oblast*		
Develop recommendations to improve TB purchasing system at *oblast* level including TB DRGs, accompanying changes in budget formation, funds flow, and facility autonomy and implementation steps.	**Completed this quarter**. HFG developed a technical brief summarizing the analytical instruments to improve the TB purchasing systems.	
TB end-of-activity dissemination event.		

5.4 Latin America and Caribbean

5.4.1 Dominican Republic

Program Objectives - The overall objective of HFG in the Dominican Republic is to support the country in accelerating its response to HIV and AIDS, achieve the 90-90-90 targets, and strengthen the health system by mobilizing domestic resources and improving HRH, the supply chain, and condom distribution operations and management systems.

Year 6 Activities - HFG's work in Year 6 of the project seeks to strengthen the country's response to HIV and AIDS by proposing alternatives for mobilizing domestic resources for the response, and improving governance, operations, and management systems. HFG's program in Year 6 consists of six activities financed by USAID/Washington's Sustainable Financing Initiative (SFI), and 13 activities financed by USAID/Dominican Republic. The activities are being implemented by a team of in-country specialists led by HFG's Chief of Party. HFG is working closely with the Government of the Dominican Republic (GODR), civil society, and private sector stakeholders to successfully complete the activities.

Activities financed by USAID/Washington SFI with the objective of integrating the country's HIV response with the rest of the public health care system are below.

- ***Activity: Develop an operational plan for integrating the financing, procurement, and distribution of ARVs and other HIV-related commodities with the Family Health Insurance Scheme.*** The first phase of work focused on developing a comprehensive assessment of: financing flows and expenditures, and current procurement, storage, and distribution arrangements, for ARVs and HIV commodities. The assessment mapped roles and responsibilities of all stakeholders involved in these processes, identified critical challenges, and quantified inefficiencies in the existing ARVs and HIV commodities supply chain system. HFG proposed strategies to improve efficiency in the central procurement of ARVs and commodities, in importing and warehousing these commodities, and in delivering these items to the appropriate health facilities. The operational plan ensures that systems are streamlined to prevent parallel and duplicate systems.
- ***Activity: Develop and implement a strategy to increase the enrollment of PLWH into the Seguro Familiar de Salud (SFS***). In partnership with local NGOs, HFG conducted a qualitative research study to understand the motivations of PLWH to enroll into the SFS, and barriers they experience. The study sought input from key and priority populations as well as members of the general population. The key population consists of MSM, transgender individuals, and female and male sex workers. The priority population consists of migrants. Based on the results of the qualitative study, HFG worked closely with civil society and government partners to design interventions for increasing SFS enrollment among PLWH, including priority populations. Learning from the implementation research was used to modify and improve the interventions in order to achieve the highest possible impact.
- ***Activity: Review of laws and regulations affecting the inclusion of ARVs into the SFS.*** HFG conducted a review of laws and regulations that impact the operational plan selected by the GODR, and proposed alternatives to modify the laws and regulations in order to facilitate the implementation of the operational plan.
- ***Activity: Needs assessment of social insurance and health information systems for tracking use of HIV services through the SFS.*** HFG conducted a needs assessment to prepare the social insurance information system, HIV tracking database, and Servicio Nacional de Salud (SNS; National Health Service) clinical information system covering ARVs and other HIV commodities through the SFS according to the operational plan selected by GODR.

The activities financed by USAID/the mission are:

- ***Activity: Expansion plan for "treatment for all" scale-up.*** HFG supported the MSP's Dirección General de Control de las Infecciones de Transmisión Sexual y SIDA (DIGECITSS; Directorate for the Control of Sexually Transmitted Disease and AIDS) in the development of a plan to expand Treatment for All from its current implementation at 11 pilot SAIs to 72 SAIs nationally. The plan clearly defined the roles and responsibilities of government and nongovernment entities, established a timetable for the expansion, and quantified the resources needed to shift to a paradigm of active HIV diagnosis.
- ***Activity: Rapid needs assessment and monitoring of PEPFAR-supported HIV care sites.*** HFG supported the establishment of a routine health system functionality assessment of PEPFAR-supported SAI in several phases. First the project analyzed data collected in 2016 to establish a baseline of health system functions. Then the team consolidated various existing tools and approaches into a more simplified assessment tool. HFG facilitated a workshop with PEPFAR, implementation partners, and SNS representatives to review the tool and incorporate suggestions. HFG then conducted a second round of data collection to evaluate the progress of the SAI and identified areas that needed further improvement.
- ***Activity: Support to MSP and SNS in advancing implementation of iHRIS at the central level.*** The project collaborated with the MSP's Human Resources Unit to ensure that central-level staff are appropriately included in the system. HFG engaged an iHRIS Specialist to coach operators in the system's use, and provided technical assistance to increase and improve the use of the system's outputs by senior-level planners and managers, representatives from stakeholder organizations, and operational-level users of the system.
- ***Activity: Strengthen the quality of data at PEPFAR-supported sites.*** HFG supported PEPFAR sites in streamlining data capture and reporting, and strengthening the use of data in decision-making, with a focus on the "Treatment for All" cascade and data relevant to achieving the 90-90-90 targets.
- ***Activity: Supportive supervision strengthening at PEPFAR-supported SAIs.*** HFG led the process to build on existing materials, and collaborated with Regional Health Services to design guidelines and tools specifically geared for health zone coordinators to use in conducting oversight of SAIs.
- ***Activity: Support to Strengthen Supply Chain for HIV:*** HFG supported the General Directorate of Drugs, Food, and Sanitary Products (Dirección General de Medicamentos, Alimentos y Productos Sanitarios, DIGEMAPS), the MSP, the National Commission of Basic Framework of Essential Medicines, and clinical experts in the development of an essential medicines list that was circulated for validation, and disseminated to stakeholders. To streamline future rounds of procurement, HFG developed and tested an automated module within the Integrated System for Medicine and Supply Management (Sistema Único de Gestión de Medicamentos e Insumos (SUGEMI)) that conducts estimations for medicines and commodities. HFG specialists accompanied SRS staff on quarterly visits to the nine PEPFAR-supported SAI to review stocks, storage, and restocking practices.
- ***Activity: Develop a Plan for the Creation of a Program for Essential Medicine and Logistical Support Center (PROMESE/CAL) International Procurement Unit:*** HFG supported PROMESE/CAL in the development of an international procurement unit for procuring ARVs and other specialized drugs not produced domestically.
- ***Activity: Results-based budgeting to increase the value of public spending on HIV and sustain the HIV response.*** HFG supported the MSP, SNS, and the Consejo Nacional para el VIH y el SIDA (CONAVIHSIDA, National Council for HIV and AIDS) in developing a results-based budgeting approach that contributes to the modernization, and thus improvement and acceptability, of future funding requests.

- ***Activity: Costing HIV services in PEPFAR-supported sites.*** HFG provided the cost of the full package of HIV services delivered in a sample of PEPFAR-supported sites, including public and NGO facilities providing either integrated care in PHC clinics or specialized care in hospital SAIs.
- ***Activity: Fostering regional exchange of lessons for sustaining the HIV and AIDS response.*** In partnership with the Global Fund, HFG presented the Dominican experience at a forum on sustainability to the HFG Caribbean team. HFG worked closely with organizers of the III LAC Forum to ensure that representatives from Dominican organizations attended the forum.
- ***Activity: Improved access to condoms for key populations.*** HFG built on the USAID-funded analysis of the public sector supply chain for condoms and the total condom market landscape, and the recent update of the National Condom Strategy, to increase availability of condoms to people at risk of HIV, especially those from the country's poorest quintile.
- ***Activity: Strengthen the role of DIGEMAPS as a guarantor of condom quality.*** HFG reviewed current condom standards used by DIGEMAPS, and will provide technical assistance to the directorate to update them in line with internationally approved standards.

Year 6 Progress Against Objectives - In the first quarter of Year 6, HFG completed an assessment of the supply chain for ARVs, and a report with three viable options for operationalizing the inclusion of ARVs and other HIV commodities in the social insurance scheme. The report was presented to stakeholders, who selected one of the three proposals.

HFG conducted a qualitative study to assess PLWH's motivations and barriers to enrollment into the SFS, and produced a report of the study's findings in the second quarter. HFG also supported staff from CONAVIHSIDA and the SNS in participating in the III LAC Forum on sustaining the HIV response in Latin America and the Caribbean, held in Port-au-Prince, Haiti. The HFG team in the Dominican Republic assisted HFG's Southern and Eastern Caribbean team to co-organize an event on financial sustainability of the HIV response in the Caribbean with the Global Fund and USAID. HFG sponsored Dominican government staff in presenting on the DR's experience.

HFG analyzed data from a 2016 baseline assessment of the nine PEPFAR-supported SAIs. The assessment was presented to USAID, representatives of the SAIs, and relevant stakeholders in a workshop coordinated by the SNS. HFG also revised the data collection tool and arranged logistics to prepare for a second round of data collection, which was conducted in Q2.

Finally, HFG initiated activities to develop a national expansion plan for the "treatment for all" strategy, and to strengthen data quality and provide supportive supervision at PEPFAR-supported comprehensive care sites.

In the second quarter of Year 6, HFG presented to stakeholders the three proposed operational models for inclusion of ARVs in the SFS scheme. The stakeholders agreed that the second operational model, "Social Insurance Treasury Withholding Fund," is the most viable.

HFG conducted the tenth planned focus group with key and priority HIV groups to assess the barriers these groups face to enrolling into the SFS. HFG shared the results of the qualitative study with the National Health Insurance (SENASA), the Welfare Eligibility Beneficiary System, CONAVIHSIDA, USAID, and NGOs. HFG met with stakeholders to develop strategies to increase the enrollment of PLWH and individuals at high risk of contracting HIV into the SFS. HFG shared the proposed work plan with short- and long-term activities to support CONAVIHSIDA, SENASA, and local stakeholders in increasing the enrollment of PLWH and individuals at high risk of contracting HIV into the SFS.

HFG conducted an evaluation of the supply chain in two regions to assess these regions' overall performance and their compliance with good storage practices for ARVs and HIV commodities. HFG developed an improvement plan to address the issues identified as needing strengthening, and presented it to the Unidad Regional de Gestion de Medicamentos; Regional Unit of Medicines) for its approval.

HFG drafted a report detailing the criteria and standard procedures for the analysis of the inclusion and exclusion of medicines in the National Essential Medicine List (NEML). The draft report was presented, discussed, and validated with national stakeholders. HFG conducted a workshop to train DIGEMAPS personnel on the criteria and standardized procedures. HFG also developed a strategic roadmap for the implementation and operationalization of an international procurement unit, and presented it to the National Health Service and PROMESE/CAL unit.

HFG updated tools for data collection, and monitoring and supervision, to be used by PEPFAR-supported HIV Care sites. The tools were tested during workshops, and instruction guides were developed.

HFG conducted 26 key informant interviews with representatives from USG (i.e., PEPFAR, USAID, CDC, and implementing partners), Dominican Government entities (i.e., CONAVIHSIDA, DIGECITSS, SNS, and CEPROSH), and UNAIDS to discuss the implementation of the Treatment for All strategy and/or those that would be involved in or affected by its expansion. The team completed a draft implementation plan for the expansion to all SAIs. HFG presented the expansion plan to USG leadership on March 1, 2018.

Finally, HFG completed data collection in 11 SAIs to assess changes in performance since 2016. The team presented the results of the analysis in early Q3.

In the third quarter of Year 6, HFG finalized the report on the "Expansion Plan for Treatment for All," which the team then presented to the DIGECITSS team in early Q3. At the end of Q3, the HFG team completed and submitted a draft of the ministerial resolution issued by the Minister of Health to formalize the Treatment for All Expansion Plan.

HFG's regional coordinators continued the site visits to the SAI and observed the process of registering patient information in the different instruments used at various stages of the service delivery, such as counseling, pharmacy, laboratory, and clinical attention.

HFG also developed and presented their initial draft report on "Supportive Supervision to the SNS" and convened a follow-up meeting with the SNS field managers to discuss the comments and feedback on the initial draft of the report. Throughout Q3, HFG continued to integrate feedback and revised the guide accordingly in order to finalize the tool.

HFG hired and trained a team of eight data entry officers to expedite support to the MSP HRU to update their central-level iHRIS database. HFG continued to support the MSP in updating the central-level iHRIS database, and at the end of Q3 had achieved the following: 85 percent of the target to input 4,500 personnel records into the database. This includes: 99.8 percent (2,112/2,116) of the personnel from the MSP's 40 decentralized "rectory" offices; and 69.3 percent (1,733/2,500) of the personnel from the MSP's central level (specifically, 419 from the MSP's central level office and 1,314 from the General Directorate of Emergencies 911 call center). By the end of Q4, the project completed the target of inputting 100 percent of MSP records.

HFG presented the final version of the OPs and the organization and functions manual for the international procurement unit of PROMESE/CAL to the competent national authorities.

Activities conducted to support the supply chain for HIV. These included holding a workshop to present and validate a proposed NEML for 2018. The proposal list was reviewed and discussed by clinical specialists, health specialists, pharmacists, and technicians of the national regulatory authority and representatives of the pharmaceutical industry. At the end of the workshop, the group produced a preliminary validated NEML, agreeing that drug concentrations should be reviewed. HFG convened an event in support of DIGEMAPS to disseminate the NEML list for 2018, with participation from the minister of health, stakeholders, and pharmaceuticals and health insurance representatives, as well as other health authorities in the country. The HFG team also developed a final automated estimation

matrix for ARV procurement based on the decentralized consumption-based estimation, and developed a user manual for future HIV medicines programming exercises. HFG conducted monitoring visits to a sample of SAIs supported by PEPFAR to follow up on the compliance of the improvement plan in the warehouses and pharmacies. Evaluations on the availability of months of HIV medicines in the SAI were conducted in order to maintain the established parameters.

For activities related to the improved access to condoms for key populations during Q3, HFG conducted qualitative interviews with personnel of the Instituto Dermatológico y Cirugía de Piel, and four non-profit organizations that receive no-logo condoms from the Instituto. HFG received and began analyzing project PLACE data. HFG completed analysis of interviews, and the first draft of a report with recommendations. HFG also reviewed the condom transfer plan with the SNS technical team in preparation for the development of the final report that the HFG team will be developing on the integration of condoms to the SUGEMI in the 2 RHS (Metropolitano and Este).

In the fourth quarter of Year 6, Dominican government stakeholders approved the operational plan the HFG team had produced for the integration of the financing, procurement, and distribution of ARVs. Following the approval of the operational plan, the HFG team facilitated a meeting to launch the inter-institutional working group, consisting of PROMESE/CAL, MSP, CONAVIHSIDA, and SISALRIL, in order to discuss the next steps for presenting the operational plan and proposal to the CNSS.

With regard to the activities conducted in Q4 related to the development and implementation of the strategy to increase enrollment of PLWH, the HFG team reviewed 6,633 patient records and identified 986 potentially eligible patients. HFG completed a total of 306 applications, which had been submitted to SENASA by CONAVIHSIDA: 193 for PLWH from eight SAIs, and 113 for people at risk for HIV from five NGOs.

The HFG team also finalized reports, and submitted them to USAID, on the review of laws and regulations affecting the inclusion of ARVs into the SFS; as well as submitting the report on the Needs Assessment of Social Insurance and Health Information Systems for tracking the use of HIV services through the SFS.

Additionally, the HFG team completed both the final expansion plan and the ministerial resolution, resulting in the plan being considered official. The Minister of Health also promulgated the new HIV treatment guidelines, officially adopting the "Treatment for All" policy nationally.

Activities related to strengthening the quality of data at PEPFAR-supported sites during Q4 included the presentation to USAID of the results of the analysis of the SAI data collection instruments, as well as the identification of the SAI team's training needs, where the HFG team also presented the advances in the development of the dashboard.

Field support activities the HFG team conducted during Q4 also included the delivery of the final report of the cost study for HIV services in PEPFAR-supported sites, as well as the development of tools to identify new condom access points for sex workers, MSM, and transgender people.

Additional details are available in the chart below.

Q4 Challenges - During Q4, the HFG team identified delays from SENASA on the delivery on the requested database for records of 2,700 PLWH that are being affiliated. The lack of this database has posed heavy barriers in the identification of PLWH that qualify for enrollment. USAID, HFG, and CONAVIHSIDA sent multiple requests to several points of contact over the course of Q4, before receiving the database in August.

Additionally, the HFG team noted a challenge with regard to activities conducted to support MSP and SNS to advance implementation of IHRIS at the central level. HFG identified the need for the project to conduct a technical training for the use of iHRIS by administrators and the Directorate of Technology

and Information, and needed to expend time and effort to rebuild interest in and support for iHRIS once the director of SNS had been changed.

Table 41 provides additional activity-specific updates.

TABLE 41. DOMINICAN REPUBLIC ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: SFI II. Generating evidence for advocacy for covering ARVs and other HIV commodities through the Family Health Insurance (SFS)		
Develop advocacy strategy.	HFG's consultant met with the authors of the legal review and information systems to discuss how to incorporate their findings into the proposal to CNSS. HFG facilitated a meeting to launch the inter-institutional working group, consisting of PROMESE/CAL, MSP, CONAVIHSIDA, and SISALRIL, on August 22. The group agreed on a path forward for presenting the operational plan and proposal to the CNSS. HFG also hosted a technical workshop for the working group on September 6, to validate the technical details of the operational plan. The inter-institutional group endorsed the operational plan with some minor changes. In August, the Ministry of Health issued resolution 000020-2018, which officially endorsed the co-financing of ARVs through the social insurance scheme by 2020.	By the end of the project, HFG will have made the required adjustments to the operational plan and draft CNSS resolution, and will hand these to SISALRIL to present to CNSS.
Activity: SFI III. Develop and implement a strategy to increase the enrollment of PLWH into the *Seguro Familiar de Salud*		
Implement and modify interventions for enrollment.	By September 1, HFG reviewed 6,633 patient records and identified 986 potentially eligible patients. HFG completed a total of 306 applications, which were submitted to SENASA by CONAVIHSIDA: 193 for PLWH from eight SAIs, and 113 for people at risk for HIV from five NGOs.	By the end of the project, HFG expects to reach its goal of submitting 500 applications for enrollment of people living with HIV. The team will also submit an updated inter-institutional plan for enrollment, and informational brochures to inform PLHIV and SAI staff of the benefits and process for enrolling in social insurance.
Activity: SFI IV. Review of laws and regulations affecting the inclusion of ARVs into the SFS		
Legal and regulatory review.	HFG sent the final report to USAID on August 16. The findings were presented to the inter-institutional group for including ARVs in the SFS, and were used to inform the draft CNSS resolution.	HFG completed this activity on August 31, 2018.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: SFI V. Needs Assessment of Social Insurance and Health Information Systems for Tracking Utilization of HIV Services through the SFS		
Information system needs assessment.	HFG prepared a final version of the needs assessment report and a brief guide to accompany the modification of the information systems linked to the proposed ARV financing model. The findings were presented to the inter-institutional group for including ARVs in the SFS, and were used to inform the draft CNSS resolution.	HFG completed this activity on July 30, 2018.
Activity: FS II. Rapid Needs Assessment and Monitoring of PEPFAR-supported HIV Care Sites		
Brief guide with step-by-step instructions for using the tool.	This task was completed in a previous quarter.	This task was completed in a previous quarter.
Activity: FS III. Support to MSP and SNS to advance implementation of iHRIS at the central level		
Support the MSP's General Directorate of Human Resources in updating iHRIS's employee records.	HFG has finalized the review process and conducted the quality control measures for all of the data captured thus far. The team has also ensured that all corrections to the data have been made as part of the efforts to clean the database.	By the end of the project, HFG will meet with the monitoring and evaluation management team to finalize discussions about continued maintenance of the system, and with the General Directorate of Human Resources team to ensure all data is transferred to the MSP server.
Provide ongoing support to the General Directorate of Human Resources to improve data use.	HFG has worked closely with the National Health Service in a collaborative effort to prepare the iHRIS implementation plan.	By the end of the project, HFG will provide training for the new departmental managers and review iHRIS reports with new managers.
Develop iHRIS use cases and new modified iHRIS reports.	HFG has used the iHRIS information in the development of reports, and is working to finalize these reports.	This task will be completed by the end of the project.
Activity: FS IV. Strengthen the quality of data at PEPFAR-supported sites		
Ensure up-to-date service data at PEPFAR sites.	HFG regional coordinators continued conducting site visits to the SAI, and continued to review and analyze the data collected, and worked with the SAI staff to guide them to provide and analyze their own reports. All regional coordinators completed their activities in the SAI by August 31, 2018. HFG presented to USAID the results of the analysis of SAI data collection instruments, and identification of the SAI team's training needs, on August 8.	The HFG team proposed a meeting with SNS to present the results of this report in the upcoming quarter. The SNS and CDC will continue ongoing initiatives after HFG ends.
Develop standardized tool for site-level indicators.	HFG presented the advances in the development of the dashboard, and shared them with CDC team.	The SNS and CDC will continue ongoing initiatives after HFG closing.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: FS versus supportive supervision strengthening at PEPFAR-supported SAI		
Develop SAI-specific guidelines and tools for supported supervision.	The HFG team has been working with the SNS team in order to receive authorization from the SNS for the reproduction of the supportive supervision guide.	This task will be completed by the end of the project.
Conduct workshop and regular meetings to introduce and build capacity in SAI-specific approach.	HFG has been working with SNS to schedule a workshop to present the final supportive supervision guides.	HFG hopes to schedule the workshop with SNS by the third week of September 2018.
Activity: FS VI. Improving efficiency by decentralizing the storage of ARVs and other HIV commodities		
Report of result and impact of transfer.	HFG supported the SNS technical team in the activities related to the first dispatch of ARV drugs to SRS 2 and 5. In total, HFG supported the transfer of 161,010 bottles of ARVs, totaling 9.6 million tablets, to regional warehouses. HFG held a training workshop with the SAI pharmacy personnel to provide clarification and instruction on how to correctly fill out of the automated form SUGEMI-1, and the new SRS distribution process for the management of the supply of the HIV program medications for the health services network. HFG developed a report discussing the results and the impact of the HIV medicine transfer process.	HFG will send the final reports to USAID in September 2018.
Activity: FS VII. Support to strengthen supply chain for HIV		
Accompany SRS and UNGM regional staff on quarterly visits to a sample of SAIs to assess adherence to SUGEMI guidelines.	HFG conducted monitoring visits to a sample of SAIs supported by PEPFAR to follow up on compliance with the improvement plan in the warehouses and pharmacies. Availability of months of HIV medicines in the SAI was evaluated in order to maintain the established parameters. HFG drafted a note documenting training and technical assistance provided to regional health services and SAI.	HFG will send the final report to USAID in September 2018.
Activity: FS IX. Results-based budgeting to increase the value of public spending on HIV and sustain the HIV response		
Collaborate with DIGEPRES MSP, SNS, and CONAVIHSIDA to create a template for RBB.	The HFG team and consultant are making final adjustments to the design of the budget model.	The budget model document will be submitted to USAID in September 2018.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Direct assistance to MSP, SNS, and CONAVIHSIDA to prepare request and submit to DIGEPRES.	The MSP has not yet endorsed the restructuring of the HIV budget as a results-based budget.	Due to the lack of MSP buy-in, HFG will not be able to complete this task before the end of the project.
Activity: FS X. Costing HIV services in PEPFAR-supported sites		
Write final report.	The final report of the cost study was delivered to USAID.	This activity is complete.
Activity: FS XII. Improved access to condoms for key populations		
Develop plan to increase access to condoms in public sites as well as areas with high concentrations of key populations.	The HFG team developed tools to identify new condom access points for sex workers, MSM, and transgender people, using project PLACE data.	HFG will complete the plan to improve access to condoms in September 2018.
Rapid assessment of supply management condoms assessment in two RHSes (Metropolitano and Este).	HFG completed the condoms assessment report.	HFG will submit the final report to USAID in September 2018.
Final condom supply chain transfer report with implementation progress and final results.	HFG facilitated the transfer of 1.2 million condoms to facilities in SRS 2 and 5, and conducted visits to follow up the compliance with the condom transfer plan and evaluate the process of distributing condoms to health centers. With this evaluation, HFG developed a final report on the integration of condoms into the SUGEMI in the 2 SRS (Metropolitano and Este) with a description of the implementation process and final results.	This activity is complete.
Activity: FS XIII. Strengthen the role of DIGEMAPS as a guarantor of condom quality		
Review and update condom regulations used by DIGEMAPS to align with international standards.	HFG completed and submitted to DIGEMAPS and USAID an assessment of condom quality regulations and standards with recommendations for strengthening regulations and standards.	This document is being translated into Spanish and will be submitted in September 2018.
Design standard procedures and protocols to administer condom quality tests.	HFG completed the following and submitted them to DIGEMAPS and USAID: Guidance for pre-registration testing of male latex condoms Guidance for in-country testing of condom lots Guidance and options for condom quality testing facilities Specification on the quality control of male latex condoms	This documents are being translated into Spanish and will be submitted in September 2018.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Train laboratory personnel to test condoms.	HFG conducted condom quality assurance training with DIGEMAPS personnel from July 10 to 12, 2018.	This activity was completed.
Acquire condom testing machines and install in National Laboratory.	This task was cancelled in Q3.	This task was cancelled in Q3.

5.4.2 Eastern and Southern Caribbean

Program Objectives - The overall objective of the USAID Eastern and Southern Caribbean field-supported activities under the HFG project is to support Barbados, Guyana, Suriname and Trinidad and Tobago to plan, finance, and monitor a financially sustainable, effective, and efficient HIV response. Program activities are designed to support the sustainability of the response, specifically with strengthened governance mechanisms at the country and regional levels, domestic resource mobilization, the analysis and use of financial data for decision-making as well as for identifying opportunities to increase efficiency. In HFG Project Year 6, this has entailed leveraging existing systems and data sources to ensure that countries have strong evidence that speaks to both their advocacy needs and planning requirements for sustainable domestic financing of the HIV/AIDS response. In addition, regional activities have been designed to ensure that policy, advocacy, and funding for programs continue to meet the needs of key populations of the region.

Year 6 Activities – HFG planned to implement activities in four countries plus one regional activity this year, described as follows:

- ***Barbados Program:*** To assist the government of Barbados in sustaining its HIV/AIDS response, HFG will provide guidance to the Barbadian Ministry of Health on health financing technical support options. In Year 5, HFG had initiated an activity to develop a policy brief for the MOH to advocate to the Ministry of Finance regarding savings by improving efficiency in ARV procurement which would be completed in Year 6. Additionally, HFG committed to analyzing the cost implications of different ARV Warehousing Scenarios to give the MOH more options to handle their supply of ARVs. HFG continued its work on making sure the data from its cost analysis of community-level HIV/AIDS interventions is integrated into the MOH's policy response. HFG planned to work with the Planning Unit and the HIV/AIDS program to estimate health spending for fiscal year 2016/17.
- ***Guyana Program:*** HFG agreed to continue to work with the Government of Guyana to update their Health Accounts and to develop a sustainability plan for the HIV response to ensure that the new costs and program needs associated with the Test and Treat strategy are reflected. HFG planned to work with the MOH and relevant national stakeholders to track expenditures on HIV and AIDS, assess current financing sources and levels of funding, and determine where efficiencies might be sought and current donor funding might be replaced by domestic sources through a health accounts exercise.
- ***Suriname Program:*** HFG made a commitment to support the development of a sustainability plan for HIV with the MOH and other stakeholders in Suriname. In addition, HFG planned to complete the National Health Accounts Exercise with a focus on HIV/AIDS spending.
- ***Trinidad and Tobago Program:*** HFG planned to complete a health accounts activity that will be carried out in collaboration with the University of the West Indies – Health Economic Unit. HFG committed to provide technical support to the National AIDS Coordinating Committee to map out steps to establish itself as a statutory body and to develop a national HIV policy using an inclusive, participatory process.
- ***Support for a Regional Sustainable Response:*** This group of activities includes providing technical oversight of this coordinated regional work plan, including collaboration with regional donors and implementing partners, presenting and participating in regional meetings and events as needed. HFG planned to also provide targeted capacity development support to PANCAP in the area of resource mobilization in order to strengthen the organization as an important resource to the regional response.

Year 6 Progress Against Objectives –

- ***Barbados***
  - HFG designed the methodology for the re-scoped activity on CSOs costing in Barbados. The new objective was to help the CSOs understand their cost structure so that they can explore ways of being more efficient in their functioning, and also have an idea of their total and unit costs and work on their sustainability plans. HFG recruited a local consultant, who led data collection in country. The data was analyzed by the costing specialist (activity lead) and a final report was drafted. As of the writing of this report, there was a plan to disseminate by September 15, 2018 to the different stakeholders: CSOs, MOH, and USAID.
  - Also in Barbados, HFG in collaboration with PSM collected data in Q2 on the cost of procuring, warehousing, and distributing ARVs to build on the initial efficiency analysis, and documented the results in Q3. Findings were shared early in Q4.
  - In Q4, Barbados completed data collection and analysis for 2016/17 health spending, using the System of Health Accounts 2011 framework. Following a validation meeting with the Ministry of Health, HFG completed the analysis and the methodology note.
  - HFG completed a draft HIV sustainability plan with the MOH national aids program manager and presented to the minister of health and permanent secretary of health a proposed process for developing and validating a Five-year National HIV Sustainability Plan.
- ***Guyana***
  - HFG supported the completion and validation of the 2017 Sustainability Index Dashboard (SID), including organizing and facilitating a multi-stakeholder workshop in Guyana.
  - HFG supported four meetings of the Sustainability Planning Committee in Guyana.
  - A Sustainability Framework developed by HFG was endorsed by the Sustainability Planning Committee. The Sustainability Plan and costed Year 1 work plan have been endorsed by the Committee, and are expected to be presented to the Minister of Public Health by the end of Q4 by the committee.
  - Also in Guyana, HFG has developed a policy brief on social contracting to support MOPH planning for a pilot project on social contracting.
  - HFG trained data collectors, surveyed various stakeholders for health expenditures, and facilitated three meetings of the NHA Steering Committee in Guyana. HFG convened (i) a validation meeting with the NHA Steering Committee and (ii) a dissemination meeting to present the NHA findings to government, civil society, and international development.
  - At the time of the writing of this report, the HFG team planned to submit the Guyana health accounts final report by September 15, 2018.
- ***Suriname***
  - In Suriname, HFG supported the MOH-led technical team in launching the health accounts exercise, training data collectors, and completing data collection, data analysis, validation, and dissemination of the Suriname 2016 Health Accounts. The Steering Committee was actively involved in doing a validation of both preliminary and final results.
  - HFG facilitated two meetings of the HIV Sustainability Task Force and drafted a national HIV sustainability plan in consultation with key stakeholders. The draft plan was submitted to the MOH and USAID as the final deliverable of this activity.

- ***Trinidad and Tobago***
  - HFG completed stakeholder consultations in Trinidad and Tobago for the development of a national HIV policy, drafted the National HIV Policy, and facilitated a stakeholder meeting to provide feedback on the draft HIV Policy. HFG has developed a second (final) draft, which was submitted to the National AIDS Coordinating Committee and USAID as our final deliverable.
  - In Q4, HFG finalized the Trinidad and Tobago Health Accounts reports and brochure. HFG convened a validation meeting with the MOH. A higher- level second validation meeting with the CMO is planned to clear the report for dissemination in September 2018.
- ***Regional***
  - HFG participated in the planning for the regional LACIII meeting, with a focus on sustainability of the HIV response.
  - HFG facilitated a multi-country skills-based workshop on domestic resource mobilization for health, with representatives of MOHs, Ministries of Finance, National AIDS Programs, Country Coordinating Mechanisms, and National AIDS Committees from Barbados, Trinidad and Tobago, Suriname, and Guyana. The HFG Ministry of Health – Ministry of Finance Toolkit was one of many tools presented in the workshop. All countries developed strategy documents for increasing resources for health and improved reporting to the MOF.
  - HFG finalized the PANCAP Resource Mobilization Strategy, and this has been endorsed by PANCAP leadership and the Coordinating Unit. The Strategy was also reviewed by partners, including UNAIDS and the Global Fund.
  - HFG provided technical support to complete the development and writing of PANCAP's proposal to the Global Fund.

Q4 Challenges –

- Dissemination of the Trinidad and Tobago Health Accounts results were delayed due to challenges related to obtaining concurrence from the MOH CMO to clear the results for dissemination. The meeting was originally scheduled for August 22, but was rescheduled to September due to an earthquake in Trinidad and Tobago.
- HFG found that data available for the Suriname Health Accounts exercise was adequate for analysis, but sometimes with an inadequate level of detail. HFG worked with the MOH-led technical team to help them better understand the data needs for future exercises.
- The finalization of the Suriname Sustainability Plan has been delayed as the Sustainability Task Force has decided that it needs to resolve questions regarding the roles of various stakeholder groups and the added value of a sustainability plan, in light of the recent development of malaria and TB policy documents along with the Transition Readiness Plan developed for Global Fund programming.
- The planned stakeholder engagement workshop for the Barbados National HIV Sustainability Plan was postponed to beyond the project timeline, as a reaction to the change in government and MOH leadership, in order to give adequate time to engage the MOH leadership.

Table 42 provides additional activity-specific updates.

TABLE 42. EASTERN AND SOUTHERN CARIBBEAN ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Barbados Program		
Economic evaluation of community-level HIV/AIDS interventions	The data collection is complete and results were disseminated to stakeholders in August.	
Efficiency analysis of procurement and supply chain management systems for HIV/AIDS pharmaceuticals and laboratory commodities	Report finalized and shared with USAID and MOH in Q1.	
Policy brief for advocacy with the Ministry of Finance regarding the use of efficiency savings	Brief was finalized and shared with MOH and USAID in August.	
Warehousing ARV activity	Final draft of the Barbados ARV Supply Chain System Design and Costing Analysis, undertaken in January 2018, by the USAID Global Health Supply Chain – Procurement Supply Management Program and HFG was finalized and submitted in May 2018.	
Estimation of 2016/17 health spending, including HIV/AIDS	HFG applied the Health Accounts methodology to estimate 2016/17 health spending. The team worked with the MOH to finish data collection and analysis, conducted a validation meeting to discuss preliminary results, and finalized the analysis and methodology note.	
Sustainability Plan	This activity was initiated in this quarter with agreement with the National AIDS Program on the process for plan development.	This activity was delayed due to a change in MOH leadership. The plan will be drafted and submitted by end of September 2018 as a draft document.
Activity 2: Guyana Program		
Sustainability Index Dashboard Updating	National stakeholders validated the completed Sustainability Index and Dashboard 2.0 in November 2017.	
Sustainability Plan Development Support	The final sustainability plan was endorsed by the high-level Sustainability Planning Committee during a dissemination meeting in Q4.	
Health Accounts with a focus on funding of the HIV and AIDS Response	HFG supported validation, dissemination, and deliverable writing. The final deliverables submitted were a summary	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	brief, a Main Health Accounts Report, and a Statistical Health Accounts Report.	
Social contracting policy brief	The brief has been drafted but requires decisions from the MOPH to finalize content.	HFG will meet with MOPH counterparts to support them through the decision-making process, and finalize the brief by the end of September 2018.
Activity 3: Suriname Program		
Efficiency analysis of procurement and supply chain management systems for HIV/AIDS pharmaceuticals and laboratory commodities	This report was completed in Q1.	
Health Accounts with a focus on funding of the HIV/AIDS response	Data analysis, validation of results by the Steering Committee, and dissemination of results were all completed by August 21, 2018.	Final Health Accounts are being prepared and will be finalized by mid-September.
Develop sustainability plan	Sustainability planning matrix completed and submitted to the Sustainability Task Force. HFG supported a meeting of the Task Force.	Sustainability Task Force to provide clarity on way forward with Sustainability Plan.
Activity 4: Trinidad and Tobago Program		
Health Accounts with focus on the funding of the HIV/AIDS Response	HFG finalized the Health Accounts Main Report, Statistical Report, and brochure. HFG supported a remote validation meeting with the MOPH on July 20, after which the NAP manager met with the CMO to obtain final concurrence on the results.	
Policy development support to the National AIDS Coordinating Committee	A stakeholder consultation was supported and a draft policy was revised. A dissemination meeting was held in August.	
Sustainability plan development support to National AIDS Coordinating Committee	A draft sustainability plan has been developed. A validation meeting has been proposed for September 2018.	
Support to the National AIDS Coordinating Committee (NACC) for the process of transitioning to a statutory body	HFG supported the transition of the NACC to a statutory body by providing written answers to questions from the Chief Parliamentary Counsel.	
Activity 5: Support for a Sustainable Regional Response		
Regional program coordination and technical leadership	Final end-of-project report drafted and submitted by end of September.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Regional resource mobilization capacity strengthening through PANCAP	Finalized and endorsed by PANCAP Executive Board and Coordinating Unit. HFG provided technical support to finalize the writing of the PANCAP grant proposal to the Global Fund.	
Dissemination of findings on potential efficiency gains and cost savings in supply chain management systems among Eastern and Southern Caribbean countries	This dissemination occurred at the country level in Barbados and Suriname.	
Sustainability planning to support domestic resource mobilization (DRM) for health	MOH-MOF joint plans developed in Q2 were incorporated into national sustainability plans in all four countries.	

5.4.3 Haiti

Program Objectives - USAID/Haiti asked the HFG project to continue to work closely with the Haitian Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population*, MSPP) to strengthen the ministry's capacities in HRH management, health financing, hospital costing and business planning, and capacity building, enabling it to carry out its role as an effective steward of the health sector. HFG works directly with five MSPP operational units on institutional and technical capacity building as well as technical implementation support. These units are: *Unité d'Appui à la Décentralisation Sanitaire* (UADS; Decentralization Unit); *Unité d'Etudes et de Programmation* (UEP; Planning and Evaluation Unit, formerly called the UPE); *Direction de l'Administration et du Budget* (DAB; Budget and Administration Directorate); *Direction des Ressources Humaines* (DRH; Human Resources Directorate); and *Direction de Formation et Perfectionnement de Sciences de la Santé* (DFPSS; Training Directorate). In Year 6, USAID/Haiti asked the HFG project to continue to work closely with the Haitian Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population*, MSPP) to strengthen the ministry's capacities in human resources for health (HRH) management, health financing, hospital costing and business planning, and capacity building, enabling it to carry out its role as an effective steward of the health sector. HFG works directly with five MSPP operational units on institutional and technical capacity building as well as technical implementation support. These are the: *Unité d'Appui à la Décentralisation Sanitaire* (UADS; Decentralization Unit), *Unité d'Etudes et de Programmation* (UEP; Planning and Evaluation Unit, formerly called the UPE), *Direction de l'Administration et du Budget* (DAB; Budget and Administration Directorate), *Direction des Ressources Humaines* (DRH; Human Resources Directorate), and *Direction de Formation et Perfectionnement de Sciences de la Santé* (DFPSS; Training Directorate). In Year 6, this program aims to continue strengthening technical and institutional capacity in a sustainability-oriented fashion across the key MSPP directorates in which we work.

Year 6 Activities – In Year 6, the HFG program placed special emphasis on technical, operational, and planning capacity building of key MSPP directorates such that these directorates can sustain and take ownership of the work that HFG has facilitated over the years. In the final quarter of HFG's Year 5, the project reviewed HFG institutional capacity-building activities; HFG used the insights and lessons learned from the review to guide implementation of the Year 6 work plan. Overall, through functional units that have stronger organizational foundations and governance capacity to carry out core functions and sustain HFG interventions, MSPP is now better positioned to lead reforms and improvements in health financing, HRH, and health governance.

HFG also took over some of the remaining activities from the USAID/Haiti-funded Leadership, Management and Governance (LMG) project, which closed during FY17. These activities concentrated mainly on strengthening the MSPP's ability to scale up and implement the *Paquet Essentiel des Services* (PES; Package of Essential Services) and also on supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria's Country Coordinating Mechanism (CCM) with an embedded technical advisor.

Lastly, HFG supported the MSPP in establishing more functional mechanisms for donor coordination through a High-Level Donor Coordination Advisor.

Year 6 Progress Against Objectives –

- ***Supporting MSPP in Hospital Financial Reporting and Public Financial Management.*** HFG continued its ongoing support of the DAB in improving its capacity in hospital financial reporting. Specifically, with HFG support, the MSPP conducted regular supervision visits in departmental offices and major hospitals around the country. The overall objective of the supervision support was to improve the management skills of accountants and administrative staff. Specific objectives included conducting professional supervision of accountants and administrators, as well as identifying

strengths and weaknesses in the application of regulations, procedures, and organization of work. Starting in Q1, after years of HFG conducting the supervision visits in close coordination with the MSPP, the MSPP became sufficiently able to conduct the supervision visits independently with only logistical support from HFG. On November 20–27, 2017, three supervisors from the DAB traveled to the Northern Corridor (North, North-East, and North West Departments) to conduct field supervision of financial management and logistics in hospitals and MSPP regional department offices. On December 6–7, 2017, these supervisors conducted similar field supervision visits in the West Department. Based on HFG's review of the DAB reports of these visits, it was concluded that they were thoroughly conducted with no negative findings, in line with findings from previously visited departments.

In Q2, HFG continued to support DAB in conducting supervision visits. From January 16 to January 23, 2018, a team of DAB supervisors visited six institutions in the South East, Nippes and Centre Department, including the main hospital in each department. Following the successful supervision visits conducted by the team in Q1, and based on HFG's review of DAB reports, it was concluded that visits have been thoroughly conducted with no negative findings, in line with findings from previously visited departments. Hence, as a result of HFG's support, the DAB became sufficiently able to conduct the supervision visits independently.

In Q3, HFG continued to support hospital financial reporting and public financial management. In close collaboration with MSPP/DAB, HFG had installed electronic cashiers in five department hospitals by the end of Q3: *Hôpital Universitaire Justinien* (HUJ), *Hôpital Saint Michel Jacmel, Hôpital St Thérèse de Miragoane, Hôpital Immaculée Conception de Port de Paix,* and *Hôpital de Hinche.* Based on initial data available from HUJ, the hospital revenue increased substantially on a monthly basis.

"The new system is helping the hospital correct double billings, counter corruption and the unauthorized use of hospital revenue, hence increasing available hospital resources. One month after the installation of the electronic cashier, the hospital has seen an increase in revenue of 90 percent from the previous month. This is also helping the hospital in measuring the amount of services provided to the patients by unit. The hospital is also using these additional resources to prevent any stockouts by buying more consumables and other strategic inputs." – Dr. Geto Dubé, executive director of HUJ.

In addition, HFG worked with the DAB to elaborate the administrative manual of procedures in order to enhance MSPP capacity to better manage financial resources. By early Q3, HFG had finalized the recruitment of the consultant, but unfortunately, due to a last minute change in DAB's priorities, the activity has been cancelled.

In Q4, HFG consolidated its work with the DAB in improving public financial and hospital reporting. By the end of Q4, HFG in collaboration with the DAB installed electronic cashiers in the five remaining hospitals, bringing the total number of hospitals with installed registers to 10: HUJ; *Hôpital de l'Université d'Etat d'Haïti* (HUEH); *Hôpital St Thérèse de Hinche; Hôpital la Providence des Gonaives; Hôpital St. Antoine de Jérémie; Hôpital Départemental de Jacmel (Hôpital Saint-Michel de Jacmel); Hôpital Départemental de Fort Liberté; Hôpital Départemental de Miragoane (Sainte Thérèse de Miragoane) ; Hôpital Départemental de Port de Paix (Immaculé Conception de Port de Paix);* and *Centre Medico-Social de Ouanamin*the (CMSO). During the installation process, 142 users from those hospitals were trained to use the electronic cashiers. In addition, HFG developed a user guide manual for the DAB for future training and expansion of the process.

- ***Strengthening the DRH Capacity to Manage the Health Workforce.*** HFG partnered with the DRH to strengthen its capacity to manage the health workforce through data quality improvement and the use of data for planning and decision-making through an Annual Data Review session held on November 3–6, 2017. DRH Director Dr. Erika Laforest led the activity with the participation of

Minister of Health Dr. Marie Greta Roy Clément and MSPP Director General Dr. Lauré Adrien. All the MSPP departmental directors and their human resources point persons took part in the review; in total, 40 participants attended. During the session, the participants identified ghost workers and took steps to remove them from payroll. In addition, MSPP leadership shared updates regarding the current status of pending issues.

In Q2, HFG continued to support DRH with the organization of a Q2 data review session, which took place from January 31 to February 3, 2018. All MSPP departmental directors and their human resources point persons took part in the review; in total, 20 participants attended. The session served as an opportunity for MSPP leadership to provide updates on pending issues. The review session also served to update the MSPP health workforce database. In addition to the data review session, HFG began work on a guide to effectively transition this activity to the DRH, equipping them to conduct this data quality review session independently. As a result of the HFG-supported improvements of DRH's capacity to manage the health workforce, as reported in the newspaper *Le Nouvelliste* on March 2, the MSPP was able to recoup 200 million gourdes (approximately $3.1 million) from ghost workers identified during the past 10 months ranging from June 2017 to March 2018.

In Q3 HFG supported the MSPP/DRH in improving DRH capacity to better manage the health workforce by finalizing the career development plan, and completing the development of a comprehensive, national HRH strategy for HRH development, including its cost estimates and a plan for sustainable CHW financing. HFG has also finalized the revision of HRH employment and competencies index (REC), including performance indicators for doctors, nurses, midwives and CHWs, based on the PES. This REC is critical for further roll-out of the SYSEP performance management system and PES implementation. HFG worked on the finalization of the draft of the HRH rural retention plan. On May 5–6, 2018, a meeting was held with the technical working group and DRH to present and validate the initial results of the outmigration study as part of the HRH rural retention plan.

In Q4, HFG supported the MSPP/DRH in producing the final document for the implementation and expansion of the performance evaluation system, known as *Système d'Evaluation de la Performance* (SYSEP). HFG also supported a workshop for the final review of implementation of SYSEP in *Direction Sanitaire du Nord'Est.* At the request of the MSPP, HFG also developed a database for community health worker (known as *Agents de Santé Communautaire Polyvalent* (ASCP)) mapping for better HRH and community health decision-making. In Q4, HFG finalized the HR rural retention plan with the DRH. Final validation is expected later in 2018 after the end of HFG.

- ***Assist MSPP and Ouanaminthe in Costing Health Services and Developing Viability Plan.*** HFG continued to build capacity of the UEP in using health services costing data and supporting hospital-level sustainability planning. Through working with the hospital and district managers and with HFG's support, the UEP used its acquired capacity and skills to lead the costing of CMSO. In the first week of April 2018, HFG conducted an exploratory visit to the hospital staff to introduce the costing and viability/business plan and obtain buy-in followed by data collection. By end of Q3, UEP completed the data collection process for the costing and started in coordination with HFG to work on the data cleaning and analysis.

  In parallel, HFG supported the development of a viability plan for the CMSO. Consultations between HFG and the hospital management were held to brainstorm objectives, visions and goals of the viability plan. Based on those consultations, HFG started to work on a framework to address specific challenges.

In Q4, HFG accompanied UEP to lead and complete data analysis for the costing and viability plan of the CMSO. Following this activity, UEP staff demonstrated the capacity to conduct costing on their own using the tools and know-how provided by HFG. On July 31, 2018, a workshop was held for the presentation of the preliminary results of the CSMO costing, with the participation of two HFG international staff. This workshop also served as a training for seven UEP staff in the use of the Management Accounting Systems for Hospitals (MASH) tool. On August 2 and 3, 2018 another workshop was organized for the development of the business plan of the CMSO. During this activity, hospital staff voiced their appreciation of the initiative and plans to use the results to better manage the institution. The costing of health services and the viability plan will also allow the hospital to better plan and advocate for resources.

- ***Catalyzing MSPP Donor Coordination as a Lever to Enhance Foreign Aid Effectiveness.*** In Q1, HFG launched the donor coordination activity, immediately engaging the highest level of the MSPP, namely the Minister of Health, the DG, the Director of UEP, and *the Service de Coopération Externe* (External Relations Service) in a review and discussion of the current donor coordination mechanism. In addition, through these internal meetings, HFG facilitated consensus for a paradigm shift and a new vision for donor coordination. Both the shift and the new vision, plus the *"Table Sectorielle"* that emerged from these meetings, were summarized in a speech by the minister and a presentation by the director of UEP in a donors meeting convened by the Minister on November 22, 2017. The meeting was attended by all key technical and financial partners active in the health sector, who were very receptive to the renewed leadership of the MSPP. Following the donors meeting, the minister declared this activity a top priority.

  It is important to note that in subsequent discussions at the highest level of the ministry, it was clearly understood that this activity, "Donor Coordination," is not the ultimate MSPP goal, but one of the mechanisms and opportunities MSPP must seize as a lever not only for enhancing the effectiveness of foreign aid but also for beginning to address chronic governance and systems issues of the Haitian health sector.

  By the end of Q1, HFG had launched a very active consultation exercise with the *Ministère de la Planification et de la Coopération Externe* (Ministry of Planning and External Cooperation) and all key technical and financial partners in the health sector. Specifically, the HFG High-Level Donor Coordination Advisor organized structured meetings and interviews on behalf of the MSPP to further discuss the minister's vision and requests, and jointly identify challenges, solicit donors' feedback, identify priorities, and flesh out next steps. The analysis of data gathered was discussed in January with the minister, the DG, and staff of the UEP. These discussions informed next steps for the acceleration of the implementation of the *"Table Sectorielle"* mechanism already announced by the minister, and the launch of the strategic *"Table des Bailleurs"* in the first quarter of 2018.

  Recognizing the importance of this HFG-supported activity and the role it could play to enhance both donor coordination and overall governance of the health system, the minister and the DG requested that the HFG high-level donor coordination advisor position be integrated into the *Direction Générale* (General Directorate, which is headed by the DG). To that effect, a work place was provided adjacent to the DG's office. An office was also reserved for the HFG donor coordination advisor next to the UEP director's office. This office placement facilitated a continuous exchange and partnership and direct daily interactions with the nearby staff of the *Service de Coopération Externe* toward achieving HFG Year 6 donor coordination objectives.

  In Q3, HFG continued to support MSPP in strengthening the donor coordination mechanism. The new paradigm for the design and organization of the *Table Sectorielle* was launched at the central level. With input from the donor community, the Terms of Reference for the *Table Sectorielle* and the recently formed *Groupe des Principaux Partenaires Financiers du MSPP* (GPPF) were finalized. The GPPF was established and its first meeting held, chaired by the minister. It was an opportunity for

MSPP and principal donors to focus on topics of common interest in a very candid and cordial manner. This group, a subset of the *Table Sectorielle*, comprises USAID, the CDC, France, Canada, the European Union, the World Bank, and the Global Fund. This high-level strategic group engages with the minister of health directly and focuses on challenges, plans, and the monitoring of topics of common interest selected from the MSPP priorities.

These meetings sparked discussions among the GPPF for the development of a *Cadre de Coopération* that will prioritize key areas of common interest around which donors and the MSPP will engage. The formal document, expected to become the cornerstone of the GPPF strategy, will highlight technical priorities for the group and the MSPP to focus on together, key results expected, roles and responsibilities, plan of action, and the monitoring mechanism, It is expected that the development and management of the cadre will be an important measure to increase harmonization of donor activities while also being a catalyst for more-effective monitoring of MSPP plans and increased focus on managing for results.

The second meeting of the *Table Sectorielle* was organized in May 2018. It focused on MSPP priorities, the MSPP strategy for human resource development, and the selection of the MSPP by the Ministry of Economy and Finance as a pilot for the introduction by the MEF of the new budgeting-by-program approach. Donors expressed their appreciation for the progress being made in strengthening the *Table Sectorielle,* a key aspect of the donor coordination mechanism.

After a few months of delay in organizing the departmental level discussions (involving representatives from the health sector, the private sector, elected officials and civil society), the MSPP signaled its readiness to proceed with departmental level meetings. To ensure coherence with the Donors Coordination strategy, HFG was invited to join the Technical Secretariat that supports the National Committee leading the preparation for the *"Assises"* (meetings).

In Q4, HFG supported the MSPP strategy on ASCP (community health workers). In fact, despite the uncertainty inherent in the ongoing political transition, MSPP kept the momentum after a community health workshop in July that gathered all the stakeholders working on ASCP. Following this workshop, a document summarizing the 10 resolutions was sent to all partners. These included: Revision of Health Care Service Delivery; Job Description of the ASCP; Finalization of ASCP Mapping; Costing of the Model Application; Geographic Prioritization; Deployment and Reassignment of ASCPs; Finalization of the Synthesized Guide; Community Strategic Plan 2018–2022; Training and Retraining of Health Agents and ASCPs; and Coordination and Monitoring. The task force then finalized the workshop report, which is now ready for wider dissemination. An action plan was also produced to guide implementation of the workshop's resolutions. The goal of this plan, which goes from now to March 2019, is to provide a road map that should allow progress to continue through the political transition and while the longer-term Community Health Strategic Plan and operational plan are being developed.

- ***Support the Global Fund-CCM/Haiti in Improving Grant Performance Oversight.*** In Q2, HFG assisted the CCM in the formulation of the Prioritized Above Allocation Request (PAAR) to the Global Fund. HFG helped to identify, target, budget, and justify the components of the PAAR and to coordinate the formulation of the PAAR. Though the CCM Executive Secretary resigned at the beginning of January 2018, leaving vacant a key coordination position in the CCM, HFG temporarily took over the task of coordinating the PAAR process in agreement with the CCM and the USAID. The process consisted of an intensive schedule of technical sessions with national programs, consultations with USAID, meetings with KAP representatives, consultations with the Global Fund Country Team, and two CCM general assemblies (January 30 and February 6) to validate the draft and the final version of the PAAR document.

In Q3, following HFG assistance in the formulation of the PAAR to the Global Fund, HFG learned that the funding request was approved officially in April. HFG presented the HIV PAAR to the CCM general assembly on May 3, 2018. The national Malaria and Tuberculosis programs presented their relevant sections.

Since the beginning of Year 6, HFG has provided support to the GFATM-CCM/Haiti in improving grant performance oversight. At the same time, some key CCM Secretariat positions remained vacant in Q3, including those of executive secretary and CCM administrative assistant. In practice there was no CCM Secretariat staff to assist in the implementation of the activities, which continued, however, thanks to HFG inputs. In the beginning of April, the CCM recruited an interim administrative assistant. HFG assisted in the selection process, evaluating the tests of the candidates who passed the first screening, and participated to the interviews. After the interviews of the candidates with the best test scores, the two posts were filled in June.

Furthermore, with HFG financial support, 169 representatives (93 women, 76 men) of CSOs of PLWD, KAP, and other civil society sectors gathered at the Hotel Montana on May 8, 2018 for a meeting by the CCM president. The primary objective of the meeting was informing CSOs on the electoral process to build a solid and non-contestable final electoral list to renew the CCM board. This objective was accomplished: after the meeting many CSOs applied to be involved in the electoral process. The elections took place on May 24, 25, and 26, 2018. All five civil society sector members and four alternates were elected. The fifth alternate member was elected in a separate session in June.

In Q4, HFG supported the CCM in reviewing the CCM biannual (2018–19) oversight plan in light of the recent Global Fund CCM Policy (2018), which had replaced the former GF CCM Directives (2014). This oversight plan was presented in detail to the CCM executive secretary (recently recruited) on August 20, 2018.

With HFG support, the CCM website was updated regularly with communication materials concerning the renewal of the CCM assembly. HFG produced a video spot in which the president of the CCM invited civil society organizations to participate in the election of CCM civil society representatives. The video was also disseminated via social networks to non-CCM member civil society organizations.

- ***Support the Costing of the PES.*** HFG continued to support MSPP in improving the quality of services provided to the population through various activities including the PES. The PES, which aimed at providing the health sector the foundation needed for better services and a more efficiently managed health system, is a very important step toward achieving the UHC.

  HFG started the data collection for the costing of the PES, with a focus on health care and medical interventions, in Q1. However, disagreement between UEP and DOSS on the scope of the activity halted the process. In Q2, HFG was able to make some progress by convening multiple consultations with UEP, DOSS, the technical committee in charge of the PES implementation, and the DG to determine the exact scope of the activity. On February 21, 2018, consensus between all the stakeholders on the activity scope was reached during a meeting supported by HFG and chaired by the DG. In the last month of Q2, HFG was able to conduct the costing for 90 percent of the 426 interventions listed in the PES document.

  In Q3, HFG finalized the costing of the PES and organized a validation session on May 29–30, 2018, with 52 MSPP staff and other stakeholders including private health care providers. During the session, all participants noted the importance of the results for MSPP and how these results will inform their decisions in implementing the PES nationwide.

In Q4, HFG finalized its support to implement the PES. During the first week of July 2018, HFG supported the DOSS in conducting the last PES scale-up workshop, which occurred in the Southern Region. The workshop included 33 participants from five *arrondissements* (Port-Salut, Anse d'Hainault, Croix des Bouquets, Anse a Veau, and Anse a Pitres). The workshop evaluation noted that the majority (95 percent) of the participants believed the workshop was useful, and all participants confirmed they would recommend this workshop to health managers.

In addition, in close coordination with DOSS, HFG organized a workshop on the use of the One Health Tool for 23 participants on July 23–26, 2018. This workshop built MSPP to update estimate costs of the PES for any future expansion.

- ***End-of-Project Debriefing with MSPP.*** On August 7, 2018 the Ministry of Public Health and Population invited the HFG project to a debriefing session to discuss the project's accomplishments and transition as HFG came to a close. Dr. Ernst Jean-Baptiste, chief of staff to the health minister, presided over the meeting. Lisa Nichols, Haiti country manager, led the HFG delegation, which included COP Dr. Desire Boko; and Dr. Elsy Salnave, HFG activity manager, led the USAID delegation.

  When HFG started in 2012, USAID Haiti requested HFG's support to strengthen MSPP's leadership and oversight of the health sector. USAID Haiti identified three areas in particular for HFG: HRH management, health financing, and MSPP internal management and coordination capacity. At the project's close six years later, the MSPP noted HFG's many accomplishments achieved in partnership with the MSPP, and acknowledged the project's support to lay the foundation for a better health system in Haiti.

  MSPP staff praised HFG during the debriefing session for its participative approach and responsiveness. Highlights of the program's achievements as stated by different MSPP staff included:

  - The first known update of the country's health workforce database since the 2010 earthquake to inform HRH policy and decision-making
  - The launch of an accreditation system, known as Reconnaissance, to publicly recognize high-quality private nursing training institutions
  - Improved capacity of key MSPP directorates to carry out their mandate and improve coordination with donors
  - Implementation of a performance evaluation system of MSPP human resources, known as *Système d'Evaluation de la Performance* (SYSEP), in key MSPP directorates
  - Strengthening MSPP's health financing capacity in strategic resource planning and tracking, health services costing, and business plan development
  - Improving the MSPP's public financial management system through the installation of electronic cashiers at health facilities, and updating financial standard operating procedures.

Lessons learned across activities

Key lessons learned from the project's implementation experience in Haiti include:

- Effective interventions require a clear demand coming from both the top-level management and operational units, particularly those that are the targets of capacity-strengthening efforts.
- Pairing institutional capacity building with technical interventions can improve results and activity ownership. When possible, link institutional capacity building work with specific technical outputs and outcomes for maximum impact.

- Regular monitoring and updates to MSPP top-level management ensures better implementation and synergy among directorates. Senior government leadership should be given regular updates on progress so they can make decisions on adapting approaches when necessary.
- Effective application of new concepts, techniques, and practices requires more financial and human resources for sustainable and lasting impacts. Under certain conditions, interventions imply financial support to basic activities, allowing the entities to apply during implementation what they could have learned. Otherwise no visible change will happen, because of lack of basic functional resources.
- Stay flexible and develop contingency plans in the face of political change.

Q4 Challenges –

- The country's political crisis in the first week of July delayed some planned activities.
- Following the crisis, the prime minister resigned and the minister of health has been conducting only routine operational business since July 14, 2018. This situation changed the nature and scope of the end-of-project event, and delayed the signing of some key deliverables including the HRH strategy.

Q4 Additional Information – Four HFG international consultants came to the field office to support costing activities and business plan development with MSPP, MASH, and the OHT training and close-out process.

Table 43 provides activity-specific updates.

TABLE 43. HAITI ACTIVITY DETAIL

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Strengthening the DRH Capacity to Manage the Health Workforce		
Complete the development of a comprehensive, national strategy for HRH development, including cost estimates and a plan for sustainable CHW financing.	Completed.	
Assist with the development of field supervision visits manual.	Completed.	
Assist with the development of a data quality control manual and an outline for the HRH annual management report.	Completed.	
Support the comprehensive national HRH strategy reproduction and outreach by DRH/MSPP.	Cancelled.	The reproduction and dissemination/outreach of the HRH strategy could not be implemented before the end of HFG, because the signing of the HRH strategy by the minister of health has been delayed.

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Support the MSPP/DRH in Developing an HRH Performance Management System and Institutionalize Civil Service Reform		
Organize a workshop for the final review of implementation of the SYSEP and the presentation of the MSPP plan for scaling up SYSEP.	Completed.	
Finalize the revision of HRH employment and competencies index (REC) including performance indicators for doctors, nurses, midwives, and CHW, based on the PES.	Completed.	
Finalize the strategy and plan for career development for the health care workforce.	Completed.	
Finalize the development of an HRH rural retention plan.	Completed.	
Edit and disseminate SYSEP operationalization tools and guides.	Completed.	
Activity 3: Support Reconnaissance Activity		
Support improvements to the Reconnaissance website including the training of the MSPP/DFPSS and CIFAS on the management and the use of the Reconnaissance website.	Completed.	
Support the monitoring and evaluation of the Reconnaissance transition plan.	Completed.	
Activity 4: Support Implementation of Health Financing Strategy and Build Capacity in Resource Mobilization		
Participate with the TWG in the revision of the health financing situational analysis with the use of the OASIS tool.	Completed.	
Activity 5: Support MSPP Capacity in Hospital Financial Reporting and PFM System		
Support training follow-up and implementation of hospital financial reporting processes, including equipment.	Completed.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 6: Assist MSPP in Resource Strategic Planning (Target Setting)		
Disseminate the operational costed plan 2017–2019, part of *the Plan Directeur* 2012–2022.	Cancelled.	
Activity 7: Assist MSPP in Resource Tracking, including HIV Funding (NHA)		
Assist UEP in updating NHA 2014–2015 and 2015–2016, including an HIV subaccount.	Completed.	
Activity 8: Assist Hospitals in Costing Health Services and Developing Business Plans		
Support the UEP in assisting the Departmental Hospital of Ounaminth with costing its services and developing its viability business plan.	Completed.	
Activity 9: Support MSPP's Units' Institutional Capacity Building		
Capture ICB's achievements with DRH, DFPSS, and DOSS in a practical and useful document for their organizational and functional structure (for them to keep orienting and improving).	Completed.	
Finalize interventions supporting creation/revision of up-to-date organizational charts and job and task descriptions for DRH, DFPSS, and DOSS.	Completed.	
Assist UEP, DRH, DFPSS, and DOSS to implement a monitoring system for their reinforcement plan implementation.	Completed.	
Conduct final assessment of institutional capacity building for both organizational and technical assistance to date in MSPP directorates.	Completed.	
Activity 10: Support to the DOSS and UCP in Haiti/ Scale-up and Development of DOSS/PES		
Support the DOSS in scaling up the implementation approach within the other 10 *arrondissements* of the three pilot departmental directorates (i.e., departmental PES implementation workshops to elaborate action plans).	Completed,	
Support the DOSS in conducting two departmental workshops (Northern and Southern) to disseminate and train on the revised norms of health institution authorization.	Completed,	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support the DOSS in conducting site evaluations to provide the authorization to function.	Completed.	
Develop with the MSPP a national extension plan for health care services according to the PES.	In progress.	
Support the UCP in conducting biannual meetings with the three priority health programs to follow their achievements.	Completed	
Support the UCP and the HIV/TB programs in conduct biannual national monitoring workshops with the departmental (HIV, TB and M&E) staff.	Completed.	
Activity 11: Support the GFATM-CCM Haiti in Improving Grant Performance Oversight		
Assist in the revision of the manual of administrative management and procedures of the CCM and in the elaboration of a budget monitoring document and a co-financing management document.	Completed.	
Review annual oversight plan.	Completed.	
Produce quarterly oversight reports to be disseminated on the CCM website and to the GFATM secretariat.	Completed.	
Enhance the potential of communication of the CCM Haiti through its website and social networks to target PLWD, women, and KAP.	Completed.	
Inform on national strategies, approaches, and facilitate reactions of users and implementers.	Completed.	
Activity 12: Strengthen Donor Coordination within the MSPP		
Documentation and assessment of donor coordination mechanism now in place.	Completed.	
Short-term learning by doing by engaging with and supporting MSPP in addressing short-term donor coordination challenges.	Completed.	
Engagement of internal and external stakeholders in development of a donor coordination framework and definition/design of functions, steps, and mechanisms to effectively achieve donor coordination.	Completed.	

Year 6 Q4 Planned Tasks	Year 6 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Technical and operational support for design and organization of the *Table Sectorielle* at national level.	Completed.	
Technical support to MSPP for implementation of updated vision, mandate, and organization for management of foreign aid and donor coordination.	Completed.	
Final review of accomplishments – identification of lessons learned	Cancelled.	

5.5 Middle East

5.5.1 Middle East Bureau

Program Objectives - HFG and the Sustaining Health Outcomes through the Private Sector (SHOPS Plus) projects will jointly produce a regional overview paper compiling available data on regional trends in health financing and the private health sector in Middle Eastern countries of interest to USAID and countries where USAID has a bilateral mission. These countries include: Egypt, Iraq, Jordan, Lebanon, Morocco, West Bank/Gaza, Tunisia, Algeria, Syria, Libya, and Yemen. The paper will begin with a broad, regional landscape analysis by HFG and SHOPS Plus of trends in both health financing and the private health sector. Its second part will provide brief overviews of health financing and the private sectors of each country. This paper will inform USAID and other donors' investments in health in the Middle East region.

Year 6 Activities – HFG Landscape Analysis of Health Financing

Year 6 Progress against Objectives – In Q1, SHOPS Plus and HFG finalized the report, which includes an executive summary, a joint regional overview, and 11 country reports on health financing and the private health sector in the region.

Q4 Additional Information – Due to the delay in data collection and the lengthy publication process, the timeline for this activity was extended into Q3 of Year 6. The final presentation happened on July 18 and 19, 2018. The activity is complete.

6. FINANCIAL UPDATE

The financial overview for through August 31, 2018 is presented in Table 44.

TABLE 44. FINANCIAL OVERVIEW

Client	USAID
Project Director	Bob Fryatt
Total Potential Worth	$199,702,730
Obligated to Date	$199,280,448.62
Expensed to Date	$188,224,397.63 (thru August 2018)
Funded Backlog Remaining	$11,056,050.99
Project End Date	09/29/2018

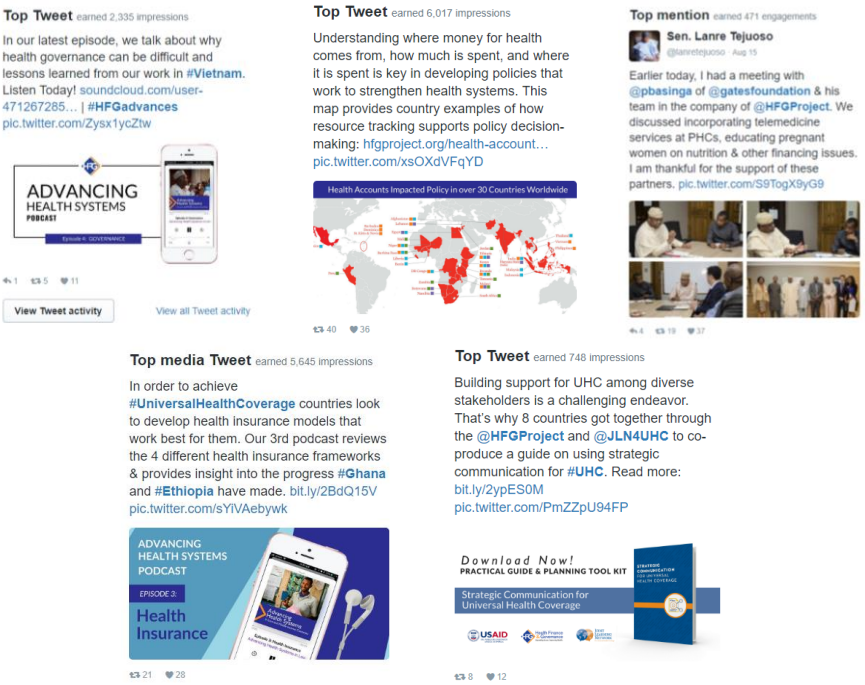
Cost Share - Through the end of August 2018, the HFG project has obtained $10,934,369.44 in actual cost share contributions. Sources of cost share contributions include the Namibia Social Security Commission, the Benin Ministry of Health, the Health Systems Board, the Department for International Development, the Tanzania Ministry of Health and Social Welfare, Abt Associates, the World Bank Haiti Living Standards Measure Survey, Results 4 Development Ghana, the Africa Bureau, the Botswana MOH, the Addis Ababa City Administration Regional Health Bureau (RHB)-Ethiopia, the Ghana NHIS, the Amhara Regional Health Bureau (Ethiopia), the Ethiopian Health Insurance Agency, the Benishangui-Gumuz Regional Health Bureau (Ethiopia), the Oromia Regional Health Bureau (Ethiopia), the Tigray Regional Health Bureau (Ethiopia), the SNNP Regional Health Bureau (Ethiopia), the SADC conference in Pretoria, and the World Bank – Asia Regional Flagship Course , Vietnam MOH, Tanzania Commission for AIDS, WB WHO-DRC, Regional sources in Ethiopia, Avenir Health, Broad Branch, WHO-DRC, UNAID TSF/WCA Nigeria, and The World Bank/Bangladesh Flagship Course, WHO Geneva workshop, GIZ (German Dev. Corporation), JLN, UNAIDS Nigeria, NHIS Ghana, UNICEF Côte d'Ivoire, Future Health System, and the Bill and Melinda Gates Foundation, Gates Foundation in Nigeria, and Ethiopia-Gambella.

7. KNOWLEDGE MANAGEMENT/ COMMUNICATIONS UPDATE

During Y6Q4, HFG continued to promote its Advancing Health Finance and Governance series, sharing the Knowledge and Learning (K&L) briefs and recordings from the roundtable series and the Q3 (May 2018) end-of-project event. Two final podcasts, one on health insurance and another on health governance, were published. The communications team continued working with country teams to generate HFG country final reports, available for download here. All HFG country reports are published in English; reports from Francophone West Africa are also available in French and the report from the Dominican Republic is available in Spanish. Additionally in Q4, all K&L briefs were translated into French for wider dissemination and use. The interactive HFG Final Report is in production and will be delivered to USAID before/ September 28, 2018.

HFG's website (www.HFGproject.org): During Q4, the HFG website underwent a critical performance update in response to errors identified by USAID and other users. The issue was remedied and has resulted in speedier response for the user when interacting with the site. HFG's website continues to be a valuable resource for the health systems strengthening community, receiving 100-500 visits per day. In August 2018, nearly 8,000 downloads were processed by the site.

Twitter (@HFGproject): HFG's Twitter handle, which has more than 3,000 followers, provides an important dissemination platform for sharing project knowledge and learning. August proved to be our most active month: just 13 tweets generated 44,000 impressions, more than 1,500 profiles visits, and 60 mentions. Top tweet links from Q4 (those that created the greatest number of impressions/ interactions with followers) are shown below:



HFG also regularly posts updates to a Facebook page (https://www.facebook.com/hfgproject.org/) with more than 9,000 followers.

8. GENDER UPDATE

In Y6Q4, the HFG Gender Advisor provided support across the project and on the issues of gender equality, female empowerment, and social inclusion. The Gender team continued to work with country teams to articulate plans to mainstream gender considerations into their technical assistance, in line with USAID's Gender Equality and Female Empowerment Policy. To date, the team has worked with 20 country teams, enhancing the treatment of gender issues in technical documents, sharing technical resources, developing success stories, and supporting teams in responding to gender-related requests from missions.

9. MANAGEMENT UPDATE

The following are key management accomplishments and updates this quarter.

- ***Completing all deliverables:*** Interest in health systems strengthening and demand for this work continued with HFG responding to requests until the final week of the project. HFG operated in full swing in Q4, the final quarter of the project, to complete all deliverables across more than 10 countries and five core programs. The core management team (CMT) closely monitored all of the project's final deliverables to ensure quality and completion by the end of September. Since the beginning, teams have been building the capacity of local organizations to sustain the work beyond the life of the project. This approach leverages existing in-country capacity and is a vehicle for transferring new skills and knowledge in health systems strengthening. In the final months, transition plans were documented in final reports (see below) and at country close-out events.
- ***Managing the pipeline:*** HFG's CMT worked closely with project teams to ensure that final work was completed both to a high level of quality and within budget. This required an increased level of scrutiny by HFG and the AOR team, and flexibility in mobilizing expertise where final amendments to work plans were agreed with USAID missions and USAID/W clients.
- ***Final reports:*** Country reports on HFG work were completed for 21 countries and are available on the HFG website. Many were disseminated as part of in-country close-out events during Q3 and Q4. While all HFG country reports are published in English, reports from Francophone West Africa are also available in French and the report from the Dominican Republic is available in Spanish. Additionally in Q4, all Knowledge and Learning briefs were translated into French for wider dissemination and use. These reports highlight the results that have been achieved through HFG work, and the lessons learned along the way. The HFG Final Report has been designed as an interactive digital report and printable pdf.
- ***Modeling of health impact:*** The M&E team and our partner Avenir Health completed a joint exercise with eight country teams to estimate the impact of HFG activities on lives saved. The teams used rigorous methods for estimated changes in coverage of health services and software models from Spectrum. The methodology was documented in a special report and presented to USAID.
- ***Country close-out:*** All country offices were closed or transitioned on schedule.
- ***HFG staff:*** This final year of the project has been a fulfilling and exciting year from many angles, the management one included. The staff complement from across partners has remained dedicated and enthusiastic about finishing with quality. Staff were focused on delivery and impact through to the end across the various country and core/cross-bureau teams.

Thanks: *On behalf on the entire HFG team, we would like to thank the AOR team, Scott Stewart, Jodi Charles, and Bob Emrey, for their support and guidance over these last six years. It has been a true pleasure working together to strengthen health systems across the globe and to ensure quality, affordable health services for people everywhere.*

10. M&E UPDATE

In Y6, the M&E focus continued, with country Performance Monitoring Plan (PMP) management/ updating, and MandE (M&E system) updating, reporting, internal review, and data quality audits. The M&E team has updated the global HFG PMP with results for Years 1-6, which can be found below in Annex A. As a part of our end-of-project activities, the M&E team completed the modeling exercise, which involved measuring the impact of HFG's activities.

Country PMP development and updating continued to progress, with the following updates:

- As country programs closed, final country PMPs with Years 1-6 results were submitted to the missions in Y6Q4.
- MandE updating also continued, with both enhancements and ongoing maintenance and support:
  - All teams used MandE for quarterly reporting. Over 200 team members have contributed to the quarterly report across 26 countries.
  - All teams entered data and deliverables/supporting information into MandE. All six years of project deliverables are in MandE.
  - Data quality audits were completed, on reported accomplishments/deliverables/supporting files, on the all programs.

Documenting results and measuring impact: The M&E team worked with Avenir Health to quantify HSS impacts in our country programs through modeling impact in terms of lives saved, using a combination of Spectrum tools such as LiST, and GOALS, and AIMS. HFG completed impact modeling of the Bangladesh, Cameroon, Côte d'Ivoire, Ethiopia Haiti, Nigeria, and Vietnam programs, and the Senegal (Malaria Directed Core Program) program. In addition to the impact modeling, the M&E team carried out supplemental qualitative and quantitative data collection via key informant interviews, surveys, and analysis of health facility service delivery statistics to measure outcomes of HFG interventions in Ghana, Côte d'Ivoire, and Ukraine. The results of the modeling and data collection were presented in the HFG final report documents. The M&E Team also developed a standalone report that summarizes the modeling methodology and all country program results. The team also presented the modeling methods and results to the USAID Office of Health Systems on September 19, 2018.

The table below summarizes the impact modeling status for each program:

Country Program	Intervention for Modeling	Status of Modeling
Bangladesh	Expansion of the essential services package	Completed.
Cameroon	Costing of an essential package to achieve UHC	
Côte d'Ivoire	Task-sharing with nurses to increase access to ART	Completed.
Ethiopia	Roll-out of community-based health insurance scheme, and revenue retention to improve quality of services at health facilities	Completed.

Country Program	Intervention for Modeling	Status of Modeling
Haiti	Support to develop HRH strategic plan and investments in increased human resources	Completed.
Nigeria	Development and roll-out of state health insurance scheme, and mobilization of domestic resources to improve delivery of maternal and child health services	Completed.
Senegal (Malaria Directed Core Program)	Scale-up of evidence-based malaria control interventions	Completed.
Vietnam	Expansion of social health insurance scheme to include ART	Completed

11. INDICATORS

The table below summarizes HFG's results against indicators through Year 6. A detailed table with results against each indicator by country, as well as indicator definitions and data sources can be found in Annex A.

ID	Result Linkages	Performance Indicator Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
A1	All IR	Number of organizations contributing to HFG-supported work (cumulative)	81	144	194	156	254	418
A2	All IR	Number of HFG-supported partnerships (cumulative)	7	16	20	14	17	18
A3	All IR	Number of participants at HFG-supported events	1,532	17,082	8,482	16,524	21,473	19,623
A4	All IR	Number of HFG-supported technical resources	149	629	755	765	538	1,444
A5	All IR	Number of organizations where HFG-supported technical resources are used (cumulative)	18	62	91	133	210	416
A6	IR 1.1, 1.2	Percentage of individuals enrolled in HFG-supported health insurance schemes	7.3%	7.4%	7.2%	7.3%	9.8%	10%
A7	IR3.1	Number of health facilities visited for regular quarterly supportive supervision with HFG-support	571	603	683	657	565	577
A8	IR 1.3, 3.3	Number of HFG-supported PBI schemes	0	2	0	0	0	0
A9	All IR	Number of HFG-supported mechanisms to improve transparency and/or accountability	13	29	24	39	39	38
A10	All IR	Management capacity to perform core functions in country institutions (score)	Not Applicable	3.0	3.7	2.7	2.7	4.1
A11	All IR	Technical capacity to perform core functions in country institutions (score)	Not Applicable	2.2	3.5	3.5	3.5	4.1
A12	IR1.3	Country capacity to perform NHA estimations (score)	Not Applicable	3.3	2.9	3.3	3.5	3.6

ANNEX A: INDICATOR DETAILS

The HFG Monitoring and Evaluation Plan (MEP) was developed during the initial project work planning phase in October–December 2012. The indicators are based on input provided by project stakeholders (e.g., HFG team members, USAID). The MEP tracks and reports regularly on indicators through routine reporting mechanisms, including the quarterly reports.

The MEP has been updated periodically with the active collaboration of USAID. It has been resubmitted to USAID occasionally. The updates expand indicators to reflect agreed HFG priorities and modify components (where needed) and indicator actual values.

The MEP contains the key indicators, statistics, and measures that collectively demonstrate the performance and contributions of the project's activities toward intended results. In addition to these metrics and descriptors, activities collect other relevant information specific to their scopes of work. Table 45 presents our results against each project-wide indicator for 2012-2018. It provides indicator details, including data sources, and indicator definitions.

In addition to the project-wide MEP, there are country-specific MEPs for HFG's field support programs. These MEPs are developed by the HFG Country Manager, M&E team, and appropriate Mission Activity Manager. Their indicators are tailored to the country program – these MEPS include specific metrics to measure country ownership and sustainability. Country-specific MEPs link directly to the project-wide MEP and to indicators that apply to the country plan and country-specific indicators. All project indicators align with mission-specific performance objectives and reporting needs. The country-specific MEPs may have additional indicators that the specific country team or mission find relevant to their work.

The MEPS use "N/A" (Not Available) in the following circumstances:

- When results data for contribution indicators are not available. These data are generally based on Demographic and Health Surveys, and are collected only every five years.
- When the country team is unable to set realistic targets because the project activities are not clearly defined at the beginning of the year, during project work planning.

"Not Applicable" is used under the following circumstances:

- The indicator was not included in previous iterations of the individual country Performance Monitoring Plan (PMP) because the corresponding activity began midway through the project; therefore, targets and results could not be established in prior years.
- Targets and results for capacity indicators A10, A11, and A12 are reported as Not Applicable in years when no capacity assessment was intended to be carried out; capacity assessments are generally carried out at baseline, endline, and sometimes midline.
- Targets for cross-bureau, directed core, and regional bureau programs are reported as Not Applicable because PMPs with targets are only developed for country programs

TABLE 45. PERFORMANCE DATA TABLE: BASELINE, TARGETS, AND ACTUAL RESULTS

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
All	**A1. Number of organizations contributing to HFG-supported work[7] (cumulative)**		**0**	**37**	**81**	**37**	**144**	**104**	**194**	**166**	**156**	**181**	**254**	**267**	**418**
	Angola	2013	0	1	1	1	1	1	1	1	1	1	1	1	3
	Bangladesh	2012	0	8	3	1	1	11	9	8	8	6	8	9	9
	Benin	2013	0	1	1	Not Applicable	1	13	13	13	13	1	3	2	2
	Botswana	2013	0	Not Applicable	Not Applicable	1	1	1	1	3	3	3	3	3	4
	Cote d'Ivoire	2013	0	4	10	Not Applicable	16	20	16	60	23	24	49	15	23
	Dominican Republic	2017	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	6	4
	Eastern and Southern Caribbean	2014	0	Not Applicable	Not Applicable	Not Applicable	16	12	16	8	8	14	17	16	16
	Guatemala	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	N/A	1	Closed	Closed	Closed	Closed	Closed	Closed
	India	2013	0	0	0	10	9	9	9	10	12	14	17	20	24
	Indonesia	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	21	30	30	30	47	30	47
	Lesotho	2013	0	1	0	Not Applicable	1	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed

[7] Organizations are counted only once for aggregation to avoid double counting.

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	Namibia	2013	0	2	1	Not Applicable	6	6	6	6	6	7	7	5	4
	Nigeria	2012	0	7	2	7	5	7	5	7	5	7	7	Not Applicable	Not Applicable
	Peru	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	10	0	Closed	Closed	Closed	Closed	Closed	Closed
	Tanzania	2013	0	3	2	Not Applicable	2	3	2	1	1	1	0	1	1
	Ukraine	2012	0	10	4	10	9	4	10	10	10	28	35	100	217
	Vietnam	2014	0	Not Applicable	Not Applicable	7	7	7	7	9	36	45	58	59	64
	Cross-bureau, directed core, and regional bureau programs	-	0	Not Applicable	57	Not Applicable	69	Not Applicable	77	Not Applicable	0	Not Applicable	2	Not Applicable	0
All	**A2. Number of HFG-supported partnerships[8] (cumulative)**		**0**	Not Applicable	**7**	Not Applicable	**16**	Not Applicable	**20**	Not Applicable	**14**	Not Applicable	**17**	Not Applicable	**18**
	Benin	2013	0	Not Applicable	3	Not Applicable	5	Not Applicable	6	Not Applicable	6	Not Applicable	**6**	Not Applicable	**6**
	Burundi	2013	0	Not Applicable	1	Not Applicable	1	Not Applicable	1	Closed	Closed	Closed	Closed	Closed	Closed
	Cote d'Ivoire	2013	0	Not Applicable	2	Not Applicable	1	Not Applicable	0	Not Applicable	0	Not Applicable	0	Not Applicable	0
	Ethiopia	2013	0	Not Applicable	1	Not Applicable	3	Not Applicable	8	Not Applicable	8	Not Applicable	7	Not Applicable	8

[8] Partnerships are counted only once for aggregation to avoid double counting.

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	Ghana	2014	0	Not Applicable	0	Not Applicable	1	Not Applicable	1	Not Applicable	0	Not Applicable	0	Not Applicable	0
	India	2013	0	Not Applicable	0	Not Applicable	2	Not Applicable	2	Not Applicable	0	Not Applicable	0	Not Applicable	0
	Nigeria	2012	0	Not Applicable	0	Not Applicable	1	Not Applicable	0	Not Applicable	0	Not Applicable	1	Not Applicable	0
	Ukraine	2012	0	Not Applicable	0	Not Applicable	2	Not Applicable	2	Not Applicable	0	Not Applicable	0	Not Applicable	0
	West Africa	2016	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3	Not Applicable	3
	Cross-bureau, directed core, and regional bureau programs	2012	0	Not Applicable	0	Not Applicable	0	Not Applicable	0	Not Applicable	0	Not Applicable	0	Not Applicable	0
All	**A3. Number of participants at HFG-supported events**		**0**	**8**	**1532**	**2421**	**17082**	**7477**	**8482**	**6763**	**16524**	**3974**	**21473**	**4613**	**19623**
	Angola	2013	0	Not Applicable	42	Not Applicable	34	Not Applicable	12	Not Applicable	31	Not Applicable	16	Not Applicable	0
	Bangladesh	2012	0	Not Applicable	55	Not Applicable	74	125	0	100	290	340	1279	1702	2,498
	Benin	2013	0	8	8	4	1	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	45	250
	Botswana	2013	0	Not Applicable	0	40	120	0	0	90	145	160	174	130	180
	Burundi	2013	0	Not Applicable	194	Not Applicable	230	Not Applicable	15	Closed	Closed	Closed	Closed	Closed	Closed
	Cote d'Ivoire	2013	0	Not Applicable	525	597	551	1000	2162	525	525	723	721	250	248

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	Dominican Republic	2017	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	5	4
	Eastern and Southern Caribbean	2014	0	Not Applicable	Not Applicable	Not Applicable	269	Not Applicable	281	0	0	88	41	165	169
	Ethiopia	2013	0	Not Applicable	466	1535	14,176	5187	3,837	4253	10,575	N/A	13,941	N/A	7,755
	Ghana	2014	0	Not Applicable	Not Applicable	15	26	40	143	515	791	80	66	219	276
	Guinea	2016	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	0	290	328
	Haiti	2012	0	Not Applicable	7	40	351	535	485	1025	929	1000	782	700	1120
	India	2013	0	Not Applicable	0	0	0	150	187	Not Applicable	227	100	130	100	200
	Indonesia	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	118	60	187	60	1491	60	329
	Lesotho	2013	0	Not Applicable	0	N/A	40	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
	Namibia	2013	0	Not Applicable	34	35	63	35	110	100	8	110	50	100	42
	Nigeria	2012	0	Not Applicable	125	Not Applicable	131	Not Applicable	60	Not Applicable	110	120	120	Not Applicable	Not Applicable
	Peru	2014	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	15	Not Applicable	Closed	Closed	Closed	Closed	Closed	Closed
	South Africa	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	18	15	55
	Swaziland	2013	0	Not Applicable	Not Applicable	Not Applicable	84	160	84	Not Applicable	64	Closed	Closed	Closed	Closed

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	Tanzania	2013	0	Not Applicable	1	0	12	30	0	0	0	10	0	0	0
	Ukraine	2012	0	Not Applicable	0	155	193	0	36	95	152	135	588	723	3128
	Vietnam	2014	0	Not Applicable	Not Applicable	Not Applicable	194	200	473	Not Applicable	2059	1040	1587	Not Applicable	2218
	West Africa	2016	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	0	112	8	151	109	61
	Cross-bureau, directed core, and regional bureau programs	2012	0	Not Applicable	75	Not Applicable	525	Not Applicable	479	Not Applicable	319	Not Applicable	318	Not Applicable	762
	A4. Number of HFG-supported technical resources		**0**	**46**	**149**	**198**	**629**	**288**	**755**	**402**	**765**	**401**	**538**	**297**	**1444**
	Angola	2013	0	1	4	1	10	0	2	2	0	**1**	1	1	0
	Bangladesh	2012	0	8	4	2	3	8	5	5	6	4	3	7	7
	Benin	2013	0	4	2	12	6	6	5	7	5	3	3	2	8
	Botswana	2013	0	N/A	0	19	21	5	5	7	3	8	8	4	7
	Burundi	2013	0	8	8	15	39	7	17	Closed	Closed	Closed	Closed	Closed	Closed
	Cambodia	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	7	6	5	5	Closed	Closed
	Cote d'Ivoire	2013	0	11	9	17	17	12	12	14	14	11	11	5	5
	Democratic Republic of the Congo	2014	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	5	10	9	0	Not Applicable	16	Not Applicable	13
	Dominican Republic	2017	0	Not applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	6	4
	Eastern and Southern Caribbean	2014	0	Not Applicable	Not Applicable	Not Applicable	1	15	19	0	6	15	13	12	13

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	Ethiopia	2013	0	Not Applicable	26	28	35	12	45	25	61	Not Applicable	75	Not Applicable	90
	Ghana	2014	0	Not Applicable	Not Applicable	2	6	10	16	12	12	12	8	10	10
	Guatemala	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1	Closed	Closed	Closed	Closed	Closed	Closed
	Haiti	2013	0	1	3	38	68	43	62	75	71	102	97	108	202
	India	2013	0	1	1	5	6	10	12	17	18	24	25	30	35
	Indonesia	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	6	7	10	10	23	10	34
	Lesotho	2013	0	N/A	0	1	1	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
	Mali	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	0	4	3	3	1	2	2
	Namibia	2013	0	5	5	8	7	14	26	5	1	17	36	37	35
	Nigeria	2012	0	6	3	Not Applicable	5	Not Applicable	0	Not Applicable	2	Not Applicable	2	44	83
	Peru	2014	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	11	5	Closed	Closed	Closed	Closed	Closed	Closed
	South Africa	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2	Not Applicable	17	10	12	10	10
	Swaziland	2013	0	Not Applicable	Not Applicable	40	61	23	28	Not Applicable	34	Closed	Closed	Closed	Closed
	Tanzania	2013	0	1	1	Not Applicable	12	4	5	2	2	1	0	0	0
	Ukraine	2012	0	Not Applicable	3	10	11	3	3	6	6	5	6	8	10

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	Vietnam	2014	0	Not Applicable	Not Applicable	Not Applicable	100	100	259	200	443	170	109	Not Applicable	558
	West Africa	2017	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1	1
	Cross-bureau, directed core and regional bureau programs	2012	0	Not Applicable	80	Not Applicable	220	Not Applicable	210	Not Applicable	45	Not Applicable	84	Not Applicable	317
All	**A5. Number of organizations where HFG-supported technical resources are used[9] (cumulative)**		**0**	**24**	**18**	**42**	**62**	**84**	**91**	**75**	**133**	**154**	**210**	**319**	**416**
	Bangladesh	2013	0	3	1	1	1	7	5	3	3	5	8	9	9
	Benin	2013	0	1	0	3	2	3	3	3	3	Not Applicable	0	Not Applicable	0
	Botswana	2013	0	Not Applicable	Not Applicable	8	8	8	8	1	1	7	7	7	7
	Burundi	2013	0	Not Applicable	1	2	3	2	1	Closed	Closed	Closed	Closed	Closed	Closed
	Cambodia	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2	Not Applicable	0	Closed	Closed
	Cote d'Ivoire	2013	0	4	4	4	5	5	7	5	5	5	5	5	5
	Eastern and Southern Caribbean	2014	0	Not Applicable	Not Applicable	0	12	13	14	14	14	24	22	26	26
	Ghana	2014	0	Not Applicable	Not Applicable	Not Applicable	0	3	3	3	4	2	0	Not Applicable	Not Applicable

[9] Organizations are counted only once for aggregation to avoid double counting.

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	Guatemala	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1	Closed	Closed	Closed	Closed	Closed	Closed
	India	2013	0	11	11	11	11	11	11	11	12	16	42	47	50
	Indonesia	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2	10	18	10	10	10	26
	Lesotho	2013	0	N/A	0	1	1	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
	Namibia	2014	0	1	0	3	3	3	2	3	6	6	6	7	7
	Nigeria	2012	0	2	1	3	2	Not Applicable	5	Not Applicable	5	Not Applicable	6	32	40
	Peru	2014	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	12	0	Closed	Closed	Closed	Closed	Closed	Closed
	South Africa	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2	2	2	2	3	13	13	13
	Tanzania	2013	0	2	0	Not Applicable	1	8	8	1	1	1	1	1	1
	Ukraine	2012	0	Not Applicable	0	6	8	4	4	9	21	30	31	103	217
	Vietnam	2014	0	Not Applicable	Not Applicable	Not Applicable	3	3	5	10	36	45	58	59	60
	Cross-bureau, directed core and regional bureau programs	2012	0	Not Applicable	0	Not Applicable	2	Not Applicable	10	Not Applicable	3	Not Applicable	1	Not Applicable	0
1.1, 1.2	**A6. Percentage of individuals enrolled in HFG-supported health insurance schemes**		**0**	**10%**	**7.3%**	**10%**	**7.4%**	**10%**	**7.2%**	**10%**	**7.3%**	**10%**	**9.8%**	**10%**	**10%**
	Ethiopia	2013	0	10%	7.3%	10%	7.4%	10%	7.2%	10%	7.3%	10%	9.8%	10%	10%

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
3.1	**A7. Number of health facilities visited for regular quarterly supportive supervision with HFG-support**		**0**	**Not Applicable**	**571**	**926**	**603**	**789**	**683**	**887**	**657**	**903**	**565**	**772**	**577**
	Dominican Republic	2017	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	22	27
	Ethiopia	2013	0	Not Applicable	571	926	597	781	648	716	586	809	463	750	381
	Vietnam	2014	0	Not Applicable	Not Applicable	Not Applicable	6	8	35	171	71	94	102	Not Applicable	169
1.3, 3.3	**A8. Number of HFG-supported PBI schemes**		0	Not Applicable	0	Not Applicable	2	Not Applicable	0	Not Applicable	0	Not Applicable	0	Not Applicable	0
	India	2013	0	Not Applicable	0	Not Applicable	1	Not Applicable	0	Not Applicable	0	Not Applicable	0	Not Applicable	0
	Cross bureau, direcited core programs (Pop/Reproductive Health, Maternal and Child Health)	-	0	Not Applicable	0	Not Applicable	1	Not Applicable	0	Not Applicable	0	Not Applicable	0	Not Applicable	0
2.2	**A9. Number of HFG-supported mechanisms to improve transparency and/or accountability**		**0**	**Not Applicable**	**13**	**1**	**29**	**8**	**24**	**16**	**39**	**19**	**39**	**21**	**38**
	Botswana	2013	0	Not Applicable	0	Not Applicable	2	Not Applicable	0	Not Applicable	0	Not Applicable	0	Not Applicable	0
	Burundi	2013	0	Not Applicable	0	Not Applicable	2	Not Applicable	0	Closed	Closed	Closed	Closed	Closed	Closed

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	Cambodia	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2	Not Applicable	0	Closed	Closed
	Cote d'Ivoire	2013	0	Not Applicable	1	1	2	Not Applicable	0	1	1	Not Applicable	1	0	0
	Democratic Republic of Congo	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	0	Not Applicable	0	Not Applicable	3	Not Applicable	2
	Eastern and Southern Caribbean	2014	0	Not Applicable	Not Applicable	0	6	0	1	0	0	0	0	0	0
	Ethiopia	2013	0	Not Applicable	8	Not Applicable	2	Not Applicable	3	Not Applicable	4	Not Applicable	9	Not Applicable	1
	Ghana	2014	0	Not Applicable	Not Applicable	Not Applicable	5	Not Applicable	3	Not Applicable	0	Not Applicable	2	Not Applicable	1
	Haiti	2017	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1
	India	2013	0	Not Applicable	0	Not Applicable	1	Not Applicable	0	Not Applicable	1	Not Applicable	0	Not Applicable	1
	Mali	2015	0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1	Not Applicable	0	Not Applicable	0	Not Applicable	0
	Namibia	2013	0	Not Applicable	3	Not Applicable	2	Not Applicable	0	Not Applicable	0	Not Applicable	0	Not Applicable	0
	Nigeria	2012	0	Not Applicable	0	Not Applicable	1	Not Applicable	0	Not Applicable	5	Not Applicable	7	Not Applicable	3

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	Vietnam	2014	0	Not Applicable	Not Applicable	Not Applicable	3	8	9	15	21	19	12	21	22
	Directed core programs (Pop/Reproductive Health, Maternal and Child Health)	-	0	Not Applicable	1	Not Applicable	3	Not Applicable	7	Not Applicable	5	Not Applicable	5	Not Applicable	7
All	**A10. Management capacity to perform core functions in country institutions[10] (Score)**		**2.0**	**Not Applicable**	**Not Applicable**	**Not Applicable**	**3.0**	**4.0**	**3.7**	**3.0**	**2.7**	**4.3**	**2.7**	**4.3**	**4.1**
	Burundi	2013	2.0	Not Applicable	Not Applicable	Not Applicable	3.0	4.0	3.7	Closed	Closed	Closed	Closed	Closed	Closed
	Democratic Republic of the Congo	2015	2.5	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3.0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Eastern Europe and Eurasia Bureau	2016	2.2	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2.7	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Guinea	2016	1.0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.6	Not Applicable	4.6	4.4
	Haiti	2013	2.3	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.0	2.7	4.0	3.8
All	**A11. Technical capacity to perform core functions in country institutions (Score)**		**2.3**	**Not Applicable**	**Not Applicable**	**2.0**	**2.2**	**3**	**3.5**	**3.5**	**3.5**	**3.7**	**3.5**	**4.0**	**4.1**

[10] Capacity assessments are carried out at baseline, midterm, and/or endline. Where the target or results cells show "Not Applicable," the capacity assessment was not scheduled to be carried out during that year.

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	Angola (Capacity to monitor PNDS)	2016	1.4	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3.0	3.0	Not Applicable	Not Applicable
	Guinea (Capacity in communication)	2016	1.8	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.0	3.0	4.0	4.1
	Swaziland (Capacity to plan, manage, and monitor HRH)	2013	1.9	Not Applicable	Not Applicable	2	2.2	3	3.5	3.5	3.5	Closed	Closed	Closed	Closed
	West Africa Regional (Financial and businsess planning and management)	2017	4.0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4.0	4.0	4.0	4.0
1.3	**A12. Country capacity to perform NHA estimations[11] (Score)**		**2.3**	**Not Applicable**	**Not Applicable**	**Not Applicable**	**3.3**	**3.0**	**2.9**	**3.0**	**3.3**	**Not Applicable**	**3.5**	**4.0**	**3.6**
	Angola	2016	2.2	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3	1.8
	Bangladesh	2016	3.3	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3.4	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Botswana	2015	2.2	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2.2	3.0	3.0	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Burundi	2014	2.5	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3	3.5	Closed	Closed	Closed	Closed	Closed	Closed
	Eastern and Souterin Caribbean	2012	2.1	Not Applicable	Not Applicable	Not Applicable	3.3	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2.9
	Haiti	2017	2.0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	5	3.0

[11] Capacity assessments are carried out at baseline, midterm, and/or endline. Where the target or results cells show "Not Applicable," the capacity assessment was not scheduled to be carried out during that year.

Linkages	Country	Baseline Data		Fiscal Year											
				2013		2014		2015		2016		2017		2018	
		Baseline Year	Baseline Value	Target 2013	Actual 2013	Target 2014	Actual 2014	Target 2015	Actual 2015	Target 2016	Actual 2016	Target 2017	Actual 2017	Target 2018	Actual 2018
	India	2015	1.0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3.5	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Indonesia	2016	2.25	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3.5	Not Applicable	3.9
	Mali	2017	3.0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3.5
	Namibia	2014	2.2	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3.6	Not Applicable	Not Applicable
	Nigeria	2015	2.3	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2.6
	Vietnam	2014	2.4	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3.5	Not Applicable	Not Applicable

As noted above, N/A or Not Available is used under the following circumstances:

- "N/A" or Not available when results data for contribution indicators are not available, since data for contributions indicators are generally based on Demographic Health Surveys, which are collected every five years.
- Targets reported as "N/A" or Not Available means that the country team was unable to set realistic targets because the project activities were not clearly defined at the beginning of the year during project work planning.
- Not Applicable is used under the following circumstances:
- Results reported as Not Applicable indicate and targets reported as Not Applicable denote that the indicator was not included in previous iterations of the individual country PMPs because the corresponding activity began midway through the project, and therefore targets and results could not be established in prior years.
- Targets and results for capacity indicators A10, A11, and A12 are reported as Not Applicable in years were where no capacity assessment was intended to be carried out, as capacity assessments are generally carried out at baseline, endline, and sometimes midline.
- Targets for cross-bureau, directed core, and regional bureau programs are reported as Not Applicable as PMPs with targets are only developed for country programs